PLAIN TALK ABOUT INSANITY.

PLAIN TALK

ABOUT INSANITY:

ITS CAUSES, FORMS, SYMPTOMS,

AND THE

TREATMENT OF MENTAL DISEASES.

WITH REMARKS ON

HOSPITALS AND ASYLUMS,

AND THE

MEDICO-LEGAL ASPECT OF INSANITY.

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PREFACE.

POPULAR medical writings are, as a rule, harmful, from the dangerous self-confidence a superficial knowledge inspires. With respect to Insanity, much preventible suffering exists, from the tendency to experiment with a disease of the brain, requiring, of all others, the most patient and skilful attention of the physician. No encouragement to such experiments on the part of friends, or public officers, will be found here. The medical profession alone can furnish suitable guardianship for the insane.

It seems, however, desirable to exhibit Insanity in its true light, as a disease, not only for the sake of encouraging well-directed efforts for its cure, but for its prevention. In some of its aspects, it is also a legitimate subject of popular interest and inquiry. It is hoped the views expressed in the following pages will commend themselves to the common-sense of the reader.

T. W. FISHER.

171 WARREN AVENUE.
BOSTON, February, 1872.

CONTENTS.

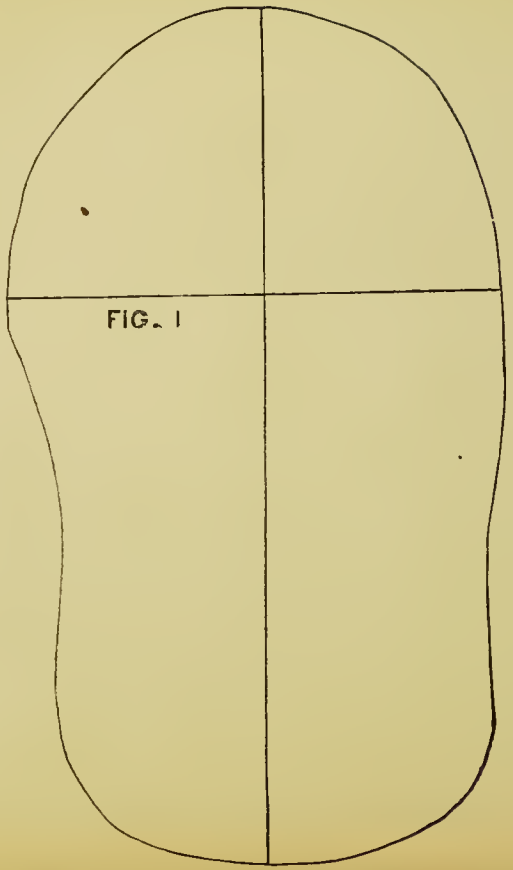
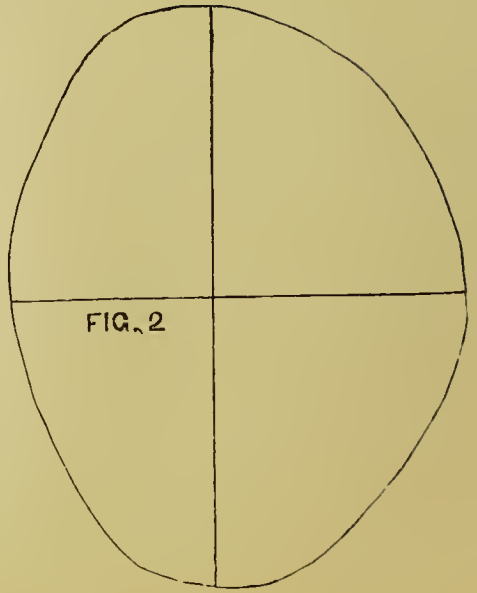


FIG. 1



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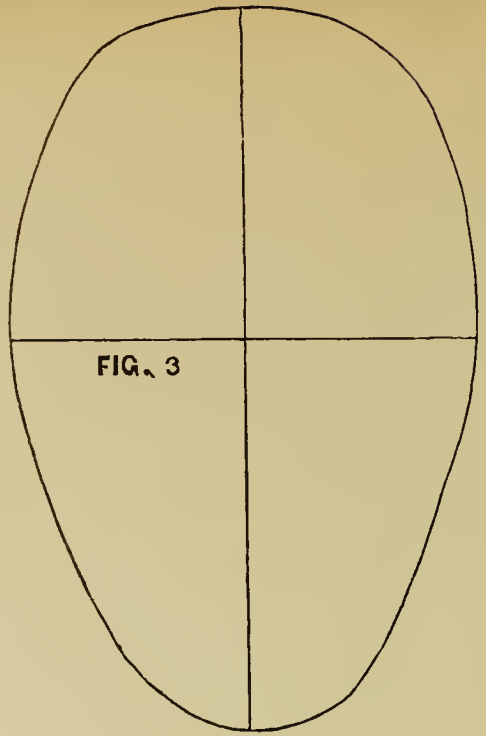

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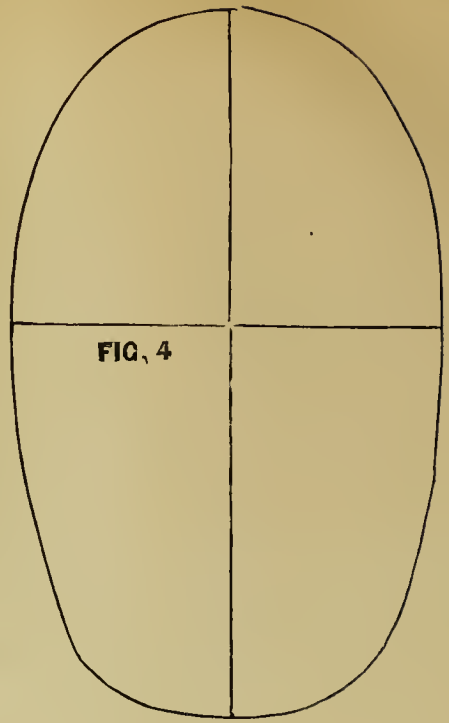

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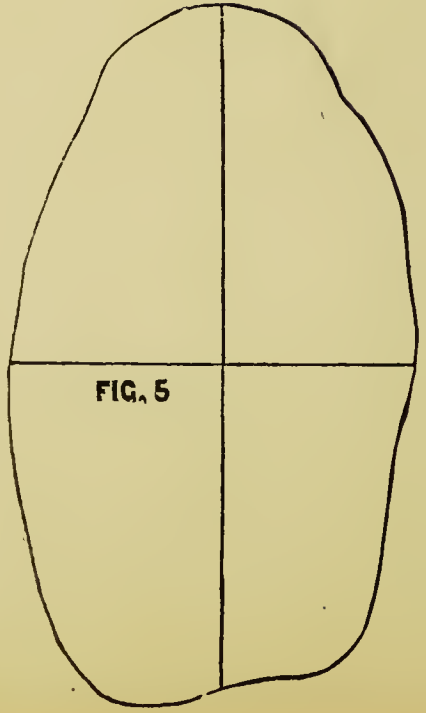

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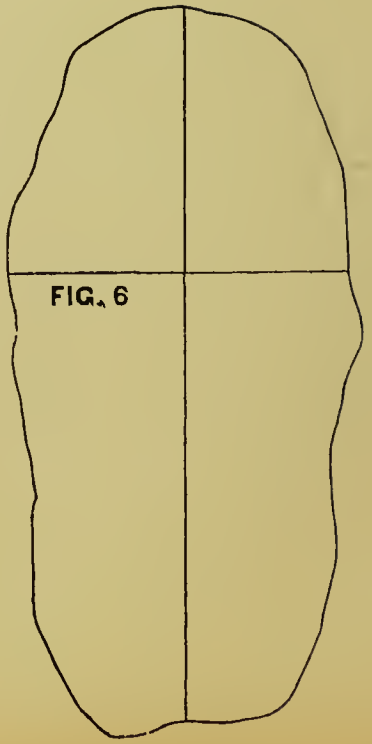

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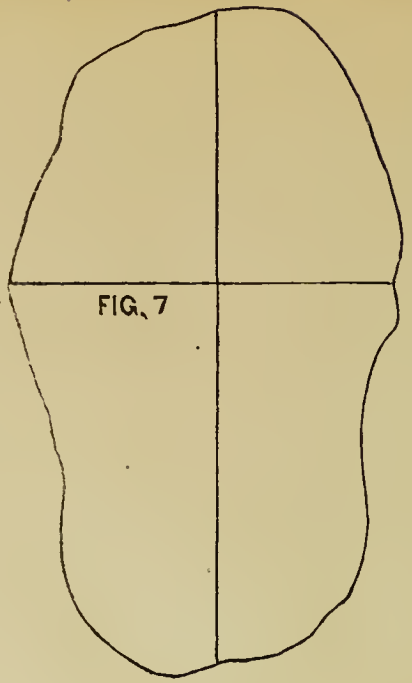

FIG. 7

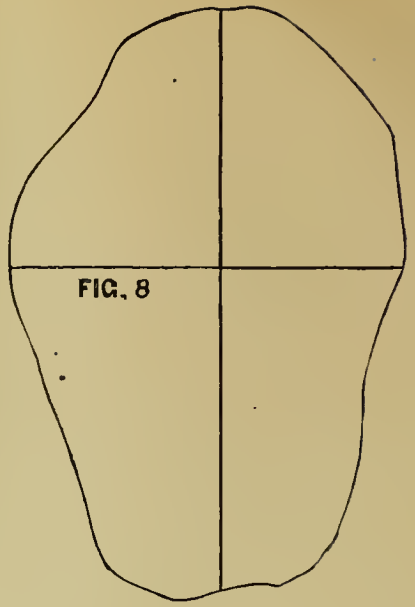

FIG. 8

PLAIN TALK
ABOUT INSANITY.

CAUSES OF INSANITY.

INSANITY, of whatever variety, is only a symptom of disease of the brain. In its study, we have nothing to do with *mind* apart from its organ, the brain. Our knowledge begins and ends in *cerebral* phenomena. In various ways we may reach a belief in something which in part controls them, but we can know absolutely nothing of it, and have no right to attribute states of disease to a mere abstraction. Speculate as we may, "to this complexion must we come at last."

This disease may be functional or organic, in the ordinary sense of those terms; that is, mental disturbance may arise from changes in the circulation, nutrition, or nervous action of the brain, which may seriously affect its functions without leaving any visible change of structure; or, as is more usual in long-continued disease, certain effusions, hardenings, softenings, and other changes of a microscopic nature may exist. These structural changes are, however, more likely to be the results than the causes of insanity. It is more than probable that, in another sense, all insanity is organic. The adult brain differs from that of the infant, in that it contains the *organized* results of all past actions, sensations, thoughts and feelings: at any rate, as far as these are capable of resuscitation in memory. The mental phenomena of insanity are in the same way registered in the organic constitution of the nerve-cells. Channels for disordered emotions, and tracks for erratic thought, are established there beyond a doubt; but these subtle changes are, of course, beyond demonstration.

Not all cerebral diseases produce insanity. The brain being the seat of sensation, and the centre of the power of motion, these functions are often affected independently, since they have more or less definite locations in the cerebral mass. It is not till the rind of superficial gray matter is touched, that mental disorder occurs. Here, on the surface of the cerebral hemispheres, lie those beautifully con-

voluted strata of cells, which preside over the highest functions of human life; arranged in patterns of inconceivable intricacy, yet plastic to every nervous influence, they present an organization susceptible to the most various harmful influences from within and without.

Not all mental disturbance, however, is insanity, since, according to custom, transient forms of delirium are considered apart, though phenomena of the same order. No definition of insanity can be in the nature of things exhaustive, though here is one coming very near the mark. According to Dr. Ray, insanity is a disease of the brain, inducing a prolonged departure from those modes of thought and states of feeling natural to the individual in health.

We will carry our analysis one step farther only, since to consider here the various phases of insanity would needlessly confuse and protract this paper. The mind, so called, may for practical purposes be considered on three sides, making three grand divisions of its powers, viz.: the intellect, the emotions, and the will. These are somewhat arbitrary distinctions, and it is not certain that these functions have each a separate and local habitation. But we may infer an organic difference of some kind, from the fact that they may be affected disproportionately by disease. It is seldom that either is solely disordered, although emotional insanity of the most outrageous kind may exist, without marked disturbance of the reasoning powers. So the will may be paralyzed, leaving an individual at the mercy of chance impulses, unable to restrain himself as reason directs; more commonly these functions are affected in succession, or in different degrees, during the same attack.

Having disposed of these preliminary points, we may go on to consider the causes, near and remote, of insanity. First among the latter stands Heredity. This term demands explanation, and at best is obscurely understood. It must not be taken in too narrow a sense, for insanity may be called hereditary, if a tendency to it is shown in collateral branches of the family tree. Instances of the disease in uncles, aunts, cousins, brothers, or sisters, may point to a family tendency as well as if parents and grandparents were affected. Many nervous diseases, such as epilepsy, hysteria, alcoholism, neuralgia, and the like, should be taken account of in the search for hereditary causes. The question does not exclusively concern the existence of insanity in one's immediate ancestors, but relates to the prevailing family weakness. Most individuals know where the family shoe pinches in this respect. One may be conscious of a tendency to "weak lungs," or "torpid liver," or rheumatism, or scrofula, while another, ignoring these imperfections, feels all those mental perturbations which belong to the insane temperament.

In this large sense, insanity is notably hereditary. Indeed, it has been thought by some to be always a disease of the family, requiring at least two generations for its full development. In this view, to use a homely figure, it may be likened to that style of trowsers, once said to be in vogue, which took two men to show the pattern. This much we know, that any and all causes which tend to produce a degenerate type of nerve-cell in the offspring, are fruitful causes of insanity.

The question of the hereditary transmission of moral and intellectual as well as of physical qualities is admirably treated in Dr. Ray's valuable book for the people, on Mental Hygiene. It is at the root of many social and theological as well as medical problems, and the importance of determining the laws which govern it can hardly be overestimated. It is true that a man preserves some of his family characteristics, quite as surely as he does those of his species. Which of his immediate ancestry shall have predominance in him, or whether he may resemble several of them by turns, as Dr. Holmes so ingeniously suggests in his last story, is beyond our present means of calculation. It is a fact that physical and mental diseases, vicious habits and tendencies, and local weaknesses, do reappear under various conditions in the line of family descent.

The evidence of this truth is especially seen wherever intermarriages are frequent, which, strange to say, is at the two extremes of the social scale. Royal families and remote country places are noted for high rates of idiocy and insanity. Numerous and illustrious examples will readily occur of insanity in high places; and statistics show that this apparent frequency is real. It is not so well known that the ratio of insanity to population is greater in farming than in manufacturing towns, in old communities and states rather than in new. The same is probably true of idiocy, and it is not improbable that one of the causes of the frequency of idiocy and cretinism in mountainous countries, like Switzerland, is the frequency of intermarriages dependant on the natural isolation of the villages. The extent to which intermarriage of cousins prevails may be inferred in many New England towns, from the statistics of insanity and idiocy, as well as from the proportion of certain family names in the town register.

Much of the vice, crime, and insanity which exists is due to this breeding in and in of human stock for successive generations. The great majority of cases of insanity, at any rate, are traceable to hereditary sources of defective organization. This would not be true if the statements of friends were always taken without discount, for after denial of all hereditary taint it is the rule to find the efficient causes of insanity cropping out in the direct line and collateral branches of the family. It is not transmitted insanity which should be looked for, so much as transmitted cerebral weakness. Now and then, we find a case of what may be called "old-fashioned insanity"; when mental disease of distinct character and great severity is transmitted in kind, from parents to children and grandchildren, with frightful certainty; when suicides, for instance, may be reckoned by the dozen in a generation or two. These, however, are exceptional cases.

Poverty and intemperance, by their debilitating and demoralizing influence, in our day at least, help to fill up the measure of a bad inheritance. These states precede and follow insanity in a vicious round, till the stock runs out where unsuitable marriages are common. Intemperance in the parents begets mental and nervous disease in the children, who, perhaps, cannot bear stimulants, but suffer from

inefficiency and poverty. Bad living begets scrofula, and here and there the vice of intemperance appears again. The combinations are various and confusing, but the relations between these vices and disorders are intimate.

It is a better appreciation of such facts as these that has led, in many quarters, to a disuse of the old hospital tables of the causes of insanity; as often published even now, they afford little information. It is no satisfaction to know that so many have succumbed to domestic trouble, and so many to business losses, or disappointed love. This is a counting of the "last straws," while the great burden of hereditary deficiency, which really breaks the camel's back, is disregarded. One cannot say, from such tables: Let us avoid business, and marriage, and love, and so be safe; for it matters less what work we have to do, than what brains we have to do it with. These secondary causes should take a secondary place.

When our reformers say intemperance is the one great source of poverty, crime and insanity, they commit the same error, and take a very superficial view of the matter. What is the cause of this intemperance? Certainly not deliberate and wholesale abuse of healthy constitutions by stimulants. It is largely the poor, the vicious and the weak, who seek relief for mental or physical distress in stimulation. In many cases, knowing a family history, one can predict intemperance, insanity, and crime of the children, with great certainty; but of each individual career a prison, a hospital, or a drunkard's grave seems an equally fitting termination.

It would seem that man, in spite of his reason, or perhaps on account of it, is less protected from sources of deterioration than the lower animals. The natural laws of selection are oftener interfered with, and though the rule of the "survival of the fittest" may hold good for him, the decay and falling out of line of the weakest is more marked. The increased complexity of man's organization leads to a more easy and decided retrograde in the scale of life.

The practical inferences to be drawn from these considerations are first to keep the individual standard of health and vigor at its highest, and to shun, as a high moral duty, all risk of propagating less healthy specimens of the race than ourselves, The above facts have the most practical bearing on the education of children, the choice of occupation, upon marriage, and the general conduct of life. No class of facts is so calculated to enforce the divine lesson of *charity*, for the weaknesses and sins of our fellow-men.

The causes of insanity in the individual may date from birth, or depend largely on diseases and accidents of infancy and childhood. One cause, seldom mentioned, is found in a too early ossification of the sutures of the skull, preventing that full and symmetrical development of the brain important for its perfect action. This has been pointed out by European writers as a constant cause in certain forms of cretinism and idiocy, and the fact of important deviations from a normal standard in the crania of the insane has also been observed.

The relations existing between the brain and its bony envelope

have an importance, aside from the factitious value assigned to them by phrenologists. There is an adjustment of the laws of growth in each to the other, which, in the progress of normal development, prevents the cranium from outgrowing its contents, while it leaves the brain free to expand to its proper dimensions. When such expansion has been incomplete, we may look for the cause of the arrest to one of two sources, viz.: imperfect development in the brain itself, or premature ossification of some of the cranial sutures and cartilages.

Insanity being largely hereditary, and occurring often in persons whose mental development has been deficient or eccentric from birth, the cranium might be expected to show certain anomalies among the insane. In addition to defects of development, there often occurs in chronic insanity a general or partial thickening or thinning of the bones of the skull, due to nutritive changes concurrent with different phases of the cerebral disease.

It occurred to the writer, not long since, to utilize the outline patterns, taken by hatters, with the *formateur*, and to obtain from them a standard of comparison for certain dimensions of the head. One hundred of these miniature outlines were taken, giving the exact shape of the human head at its greatest horizontal section, and representing one hundred male adult heads of the class of men who usually have hats made to order. The greatest transverse and longitudinal diameters being taken, careful averages of areas and lines were made.

Next eighty-five male adult heads were measured, by permission of Dr. Walker, at the Boston Hospital for the Insane, and similar averages taken. The following table shows the comparative dimensions of this section of the cranium in the sane and insane:—

DIAMETERS.	SANE.	INSANE.
Long diameter	58.20	55.08.
Short "	35.25	31.21.
Diam. Anterior Segment	35.00	33.57.
" Posterior "	25.20	21.79.
" Right Half	17.35	15.83.
" Left "	17.80	15.08.

AREAS.	SANE.	INSANE.
Right Anterior Quarter	28.85	27.18.
" Posterior "	19.85	17.23.
Left " "	20.50	17.32.
" Anterior "	29.90	25.60.
Anterior Segment	57.05	50.94.
Posterior "	40.40	33.19.
Right Half	50.90	42.94.
Left Half	50.40	41.29.
Whole Area	99.25	82.84.

The diameters are in sixteenth inches, and the areas in square quarter inches.

It is evident, from the above figures, that the average insane head

is smaller in all the dimensions of this section than the sane. There were, in fact, of eighty-five insane ones, four too narrow to be accurately measured by the *formateur*. The extremes of size are shown in the following table :—

	SANE.	INSANE.
Whole Area - - -	155 and 63	119 and 61.
Long Diameter - -	73 and 42	63 and 45.
Short Diameter -	43 and 28	39 and 24.

The differences in shape presented by these outlines are as remarkable as the differences in size. In the sane heads four principal forms were noticed in the following order of frequency, viz.: ovoid, ellipsoid, round and rectangular. Of course these forms were only approximated while their modifications gave figures pear-shaped, shoe-shaped, and coffin-shaped, or in their outlines remotely suggesting these terms. The same forms were observed in the insane heads, but with smaller dimensions, and a greater frequency of irregular outline; while in the sane heads ovoid shapes were most frequent, in the insane ones two-thirds were ellipsoidal.

The want of symmetry between the two sides was noticeable. In the sane heads the area of the left anterior quarter averaged a trifle larger than the right; while the opposite is true of the insane ones. In many heads this difference was accompanied by a decided projection in the right frontal region.

The plates at the beginning of this chapter will give an idea of some of the points mentioned above. Fig. 1 represents the largest sane head, that of Judge X—, and is rectangular in the anterior part. Fig. 2 represents the smallest among the sane heads, is asymmetrical, and one of the few specimens of the round type; mental capacity of individual unknown. Figs. 3 and 4 represent sane heads of the ovoid and ellipsoid variety. The remaining four outlines are from the heads of insane persons, and exhibit marked peculiarities and irregularities of shape; especially the projection of the right frontal region. They represent chronic cases, and are more curious than instructive at present.

The defect in the above method of measurement consists in its partial character, taking no account of the dimensions of the arch of the cranium. This defect, however, is common to both classes of heads compared, and may be expected to affect the result similarly in each class. It was hoped some subordinate distinctions might be made between the heads of those intellectually and those emotionally insane, for instance: Bucknill and Tuke, in their text-book on insanity, speak of the connection noticed between high vertical skulls, asymmetrical skulls, and melancholia. They remark that in mania the anterior region of the cranium is generally well developed, with sometimes a square outline. The attempt to draw any satisfactory conclusions of this kind would require a much larger number of observations than the preceding. They, however, confirm the statements of Bucknill and Tuke, that in the insane the cranial dimen-

sions are smaller in the average, irregularities and asymmetry more frequent, and long and narrow heads more common than among the sane. Similar observations among the criminal classes might prove interesting. (*See Med. and Surg. Jour.*, *May* 18, 1871.)

Given, then, an enfeebled cerebral organization, what other causes predispose to insanity in the individual? Evidently any and all which tend still further to deterioration of the nerve-cells. And here it may be well for the peace of mind of sundry "nervous" people, to discriminate between constitutional nervous debility, and the insane temperament. Through lack of original vitality, many persons go through life with a nervous system constantly on the verge of bankruptcy. Their daily accumulations of strength serve barely to meet the daily organic demands of the body, and no surplus remains for the struggle with the active duties of life. Any unusual demand upon their energies leaves them stranded, with now this, and now that form of nervous disorder, but with no necessary tendency to insanity. The mind, barring its lack of energy, may be free from any disturbance. On the other hand, when there is some hereditary defect in the organization of the superficial gray matter, slight causes will disturb its functions, although the lower cerebral operations may be carried on properly enough.

The most frequent predisposing causes are exhaustion from overwork, the various moral sources, such as grief, anxiety, disappointment, fear, *ennui*, the abuse of stimulants, and excesses of all kinds. These causes may so act as to induce insanity in a healthy individual, but they are undoubtedly most efficient in the presence of an insane temperament. Upon this point of the predisposing, and also upon the exciting, causes of insanity, Dr. Ray's book on Mental Hygiene is most complete and exhaustive. It should be read by every one, since it is unique in character and treats plainly and practically of topics of the most vital interest. It would be in vain to attempt here to cover similar ground, and we have only enumerated some of the causes of which it treats at length.

A few examples of injury from continued study will show how mental strain affects the health, of young girls particularly. Every physician could, no doubt, furnish many similar ones.

Miss A— graduated with honor at the normal school after several years of close study, much of the time out of school; never attended balls and parties; sank into a low state of health at once, with depression. Was very absurdly allowed to marry while in this state, and soon after became violently insane, and is likely to remain so.

Miss B— graduated at the grammar school, not only first, but *perfect*, and at once entered the normal school; was very ambitious to sustain her reputation, and studied hard out of school; was slow to learn, but had a retentive memory; could seldom be induced to go to parties, and when she did go, studied while dressing, and on the way; was assigned extra tasks at school, because she performed them so well; was a fine healthy girl in appearance, but broke down permanently at end of second year, and is now a victim of hysteria and depression.

Miss C—, of a nervous organization and quick to learn; her health

suffered in normal school so that her physician predicted insanity if her studies were not discontinued. She persevered, however, and is now an inmate of an hospital with hysteria and depression.

A certain proportion of girls are predisposed to mental or nervous derangement. The same girls are apt to be quick, brilliant, ambitious, and persistent at study, and need not stimulation, but repression. For the sake of a temporary reputation for scholarship they risk their health at the most susceptible period of their lives, and break down after the excitement of school-life has passed away. For sexual reasons they cannot compete with boys, whose out-door habits still further increase the difference in their favor. If it was a question of school teachers instead of school girls, the list would be long of young women whose health of mind has become bankrupt by a continuation of the mental strain commenced at school. Any method of relief in our school system to these over-susceptible minds should be welcomed, even at the cost of the intellectual supremacy of woman in the next generation.

Mental exercise is as favorable to mental health as physical exercise to physical health, and only its excess and irregularity is harmful. In the adult male American, it is often the excessive demands of business, leading to a neglect of all the laws of life, which ruins mental health. Our climate is partly answerable for the excitable temperament of the people, and our sterile soil turns attention largely to lines of activity, which create competition and tax the energies to the utmost. In the great towns and cities over-stimulation is added to keep up the flagging powers to their unnatural strain. For instance, a young man of thirty, otherwise healthy, carries up his income by salary, and commissions for new customers, to six or eight thousand dollars a year. To do this requires an exertion of his social powers by night, as well as legitimate labors by day. Fast driving, champagne suppers and theatres, induce indigestion, loss of sleep, and a super-excited brain, which end in acute mania of the most violent form.

The excitement of politics or religion is responsible for unsettling many unstable minds. Those topics which take such deep hold on the minds of men and women respectively, cannot fail to prove efficient causes of mental disorder. They are, however, superficial compared with those elements of weakness which exist in the brain itself. It is quite often this weakness which leads to unnatural excitement upon topics which do not disturb the ordinary mind. When insanity is said to have been caused by mesmerism, spiritualism, and the like, it is quite as probable that an interest in these matters is the first symptom, rather than the cause of it.

The causes of insanity we have briefly mentioned will serve to indicate those directions in which care should be exercised. It is in the power of an individual predisposed to insanity to prevent it, in most cases, by avoiding all those excesses and excitements which are known to be harmful. All which tends to impair health, to pervert nutrition, and prevent reparation of the nervous waste, will have its effect on the mind, preparing the way for downright insanity, when some unexpected draft is made.

THE FORMS OF INSANITY.

IN a preceding paper the *forms* of insanity were only briefly noticed. We propose to consider a few of them here. In the minds of many, to be insane is simply to be "mad"; and the typical madman is one who raves, threatens, destroys, or adorns himself fantastically, cutting strange antics before high heaven. If a woman, to be mad implies singing, tears and laughter, dishevelled locks, and the strewing of flowers on imaginary graves. The ideal maniac of the stage has long filled the public mind to the exclusion of those more common, but less dramatic, forms of disease which now seem so prevalent.

One of a large party of insane ladies which had just returned from seeing the "Ophelia" of Miss Leclercq, at the "Globe," remarked, after complimenting the performance generally: "But we don't strew flowers, and sing in that way, at our house."

The usual remark of visitors to a hospital for the insane, after an inspection of the whole premises, is, "Are these all crazy?" followed by the suspicious inquiry, "Where do you keep the raving ones?" In a well-regulated hospital, not more than two or three per cent. would answer the popular requirements.

The observer who comes to the study of insanity with a belief in the sufficiency of the old method of classification, will find himself constantly at a loss. Mania, melancholia, and dementia, do, indeed, express three prominent forms under which many cases easily fall; but in many more instances there will occur dementia, with maniacal paroxysms, melancholia, with manical excitement, mania, with alternations of depression, melancholia, bordering on dementia, with other complications, which set at defiance the simple rule of three with which the student attempts to solve his problem. The defect in this method lies in the use of symptoms which are unstable and fluctuating, and may succeed each other, or coexist and combine in new proportions while under observation. The necessity for its use arises from our ignorance of the exact character of the hidden conditions on which these symptoms depend.

A pathological classification of insanity is greatly to be desired, but our means of diagnosis in this direction must be limited, in the nature of things. Great advances are being made even here, and the whole scientific world seems earnestly bent on a better understanding of mental and nervous phenomena. The following provisional classification has been recently published by Dr. Skae (*Edinburgh Medical Journal*, November, 1870). It has defects and limitations, but it is easier to criticise than to make a perfect one, and it would be impossible to assign every case of insanity its place in it:

Idiocy, } Moral and
Imbecility, } Intellectual.
Insanity with Epilepsy.
Insanity of Masturbation.
Insanity of Pubescence.

Satyriasis.
Nymphomania.
Hysterical Mania.
Amenorrhœal Mania.
Post-Connubial Mania.
Mania of Pregnancy.
Puerperal Mania.
Mania of Lactation.
Climacteric Mania.
Ovario, Mania.
Senile Mania.
Phthisical Mania.
Metastatic Mania.
Traumatic Mania.
Syphilitic Mania.
Delirium Tremens.
Dipsomania.
Mania of Alcoholism.
Post-Febrile Mania.
Mania of Oxaluria, etc.
General Paralysis, with Insanity.
Epidemic Mania.
Idiopathic Mania, { Sthenic. / Asthenic.

The attempt is made in the above table to assign a name for each form of insanity in accordance with its physical origin or cause, often to be found in some disease or irritation distant from the brain, which affects its nerve-cells *sympathetically*. Those cases which depend primarily on disease of the gray matter, are called *idiopathic*.

It may be instructive, as well as convenient, to glance at some of the forms given above. Idiocy and imbecility, or dementia, are forms of mental weakness. The brain may be abnormally developed at birth, or be subsequently damaged by infantile disease, or, later in life, be reduced by various causes to any grade of dementia. Most forms of insanity tend to dementia, and our hospitals are full of the "ruins" of minds once useful, if not "noble."

The term *moral*, in this connection, has been often objected to. A moral idiot, however, is not so rare a specimen as to render his existence in the least doubtful. The type is familiar to every *alienist*, and every few months we are called on to listen to the well-known story. These patients are most troublesome between the ages of twelve and twenty-five. There is often a history of mental aberration from the cradle. Many have queer-shaped heads, or have had St. Vitus's dance. They are often bright at school, with a fitful brilliancy; but are better at games of skill. They are ingenious at mischief, preternaturally sharp in the ways of the world, and yet always in trouble. Their defects are largely of a moral, and not intellectual, character. They have little natural affection, little

sense of right and wrong, little regard for the feelings of others, or for the consequences of their own impulsive acts. They lie, steal, run away from home, travel on the "confidence" plan, set fires, and kill — never profit by punishment, never regret their acts, but merely the consequences. They usually go from bad to worse, but may, by long-continued and judicious restraint, learn, in adult life, to avoid the greater dangers to which their conduct exposes them.

Epilepsy gives rise to many exceedingly interesting mental phenomena. Its tendency, in ordinary cases, is, in the long run, to loss of memory and imbecility. It often, at the time of the fits, gives rise to a form of mania of all others the most dangerous. The patient may be suddenly seized with a blind fury, leading him to the most terrible acts of violence and homicide. The frenzy may last five minutes, or a week. It may come with the first fit, or only after years of epileptic attacks. Still more strange, it may *take the place* of the ordinary convulsive attack at any time.

Epileptic vertigo, or *petit mal.*, which a person may have had for years without a suspicion of its true nature on the part of himself or his friends, is very fruitful of mental disturbance. In these cases there is no spasm, simply a momentary dizziness, and all is as before. The *irritation*, we will call it, may at any time seize the higher centres of the brain, instead of the lower, producing delirium as transient as the vertigo. In this transitory mania — for it is such — an act of violence may be done for which the patient is utterly irresponsible. This state of delirium may last a few hours, as in wandering epilepsy, and the patient come to himself miles away from home.

The next dozen forms come under the head of sympathetic or reflex insanity, and may be mentioned together. The comparative frequency of insanity from irritation of the sexual organs need not be inferred from the number of this author's subdivisions. No doubt such irritation may produce insanity, if extreme or habitual, but without a special susceptibility in the superficial gray matter, it more frequently gives rise to nervous disorder, and states of mind which fall short of actual insanity. It is a mistake to suppose that because uterine irritation *almost* produces insanity in many women, that most cases of insanity in women depend on uterine irritation. It is often a predisposing cause, through the disorder of the general health to which it gives rise, but events still more remote, of an hereditary nature, will be found to have generally prepared the way.

Uterine irritation very frequently affects the *morale*, or the emotional status of the patient, for a long time before giving rise to intellectual disturbance. Delusion and dementia may be indefinitely postponed. The most conscientious become deceitful, the affectionate learn to hate most easily, the pious lie, swear, steal, perhaps, and are at the mercy of their disordered emotions and impulses. These habitual peculiarities may at times become intensified to a frenzy, which sweeps the reason before it, resulting in a paroxysm of hysterical mania. These attacks may last for weeks, but are often transitory; and none but the immediate family can discover insanity

in the amiable, intelligent, lady-like person who does the honors of her parlor with accustomed grace.

The next four forms need not detain us; but the three after them, which constitute what, in medico-legal slang, have been called "rum cases," are interesting, from their frequency and practical importance. Delirium tremens is not usually considered an insanity, and does not, by right, find admittance to hospitals for the insane. It is a self-limited disease, and seldom runs more than seventy-two or ninety-six hours. It is not, therefore, a *prolonged* departure from mental soundness. Dipsomania I take to mean a passion for stimulants, inherited or acquired, in which the will is powerless to resist a certain periodical craving for liquor. Mania from alcoholism is a condition of insanity induced by the prolonged or excessive use of alcohol, and is due to the irritation and probably organic change which that poison induces. The latter disease is as appropriate for treatment in a hospital as any other form of mental disease.

Special legislation, and special institutions, are needed to meet the peculiar requirements of cases complicated with or caused by habitual intemperance. It is worse than folly to go on *punishing* the habitual drunkard by fines, and short sentences. He is nearly, or quite, irresponsible for the continuance of a habit which he may have a right to by inheritance, or may have acquired under pressure of extraordinary circumstances. He should be *restrained* indefinitely, but not *punished* at all. The best case of Dipsomania I can call to mind, is a man whose mother was insane, and who for years has had periodical cravings for liquor, which he indulges in freely at such times, becoming slightly maniacal. In the intervals he is sober, intelligent, and successful in business. He has been repeatedly treated both in an insane hospital, and in penal institutions. One of his attacks was *replaced* after months of abstinence, by a long siege of melancholia, in which he nearly lost his life from exhaustion.

I will only speak of General Paralysis with insanity, to conclude this paper, leaving the symptoms of insanity for another time. This disease is quite common, and having been of late much discussed, like neuralgia and diphtheria, when they were popular medical novelties, it is often suspected when it does not exist. All sorts of mental diseases are attributed to softening of the brain, which is used as a synonymous term. It is often difficult, in its earlier stages, to be sure of a correct diagnosis, and an utterly incurable and fatal disease should not be hastily affirmed of any case. As the disease progresses, however, there can be no mistaking its true nature.

General Paresis is, perhaps, the best term for this disease, as it signifies weakness, rather than absolute loss of function, and better expresses that gradual impairment of physical and mental power, which may exist for months before it is recognized for what it is. The speech is early affected, becoming, at last, clumsy, thick, and hesitating. The gait grows feeble, and occasional attacks of vertigo induce staggering, which often leads to the belief that the patient is intoxicated. The memory fails by degrees, as the mind becomes

affected by this creeping death, and the cohesion of ideas is partially lost. The mind which in health is moored to its surroundings, goes adrift, and runs into all kinds of unrealities. Mania is often a symptom of the earlier stages, and it usually assumes a peculiar type, in which what the French call "*delire des grandeurs*" is prominent. The patient has vast ideas of his wealth, amount of business done, increase of physical strength, and the like. If these notions do not assert themselves, there is at least a pervading feeling of well-being and content, interrupted, perhaps, by occasional glimpses of the real state of things, which affect the patient very painfully. The mind for the most, however, is busy with schemes of business or pleasure, and while really helpless, and perhaps bedridden, the patient will talk of his daily business excursions with great satisfaction. Often his plans for "to-morrow, and to-morrow, and to-morrow," occupy his mind; but he does not grow more importunate that to-morrow does not come, as there is little *cumulative* power in his memory.

All this tends slowly and surely to death — first of the mind, and then of the body. Sensation and motion are impaired from the first; and in hospital, while the patient's delusions of strength and self-importance invite quarrels with his more able-bodied companions, his real weakness prevents successful resistance, and insures frequent falls, the loss of sensation prevents any complaint of pain from injuries received, and the loss of memory makes him forget the circumstances of an accident almost as soon as received. As if this state of things was not sufficiently disastrous, it has been demonstrated that the nutrition of the bones, especially of the ribs, is, in many cases, so perverted as to allow of fractures from very slight pressure. This has been proved, of late, by autopsies upon cases of fractured ribs, occurring in and out of hospitals, in these patients.

The pathology of this disease cannot be adequately described here. It will suffice to say, that it is a subtile and general change, which slowly affects the central nervous system, accompanied by congestions in the early stages, and leading to destruction, cell by cell, of the gray matter of the brain.

The causes of general paresis are found to prevail most among men, and at the most active time of life, from thirty-five to forty, in the majority of cases. Habitual intemperance, sexual excesses, overstrain in business, in fact, all those habits which tend to keep up too rapid cerebral action, are supposed to induce this form of disease. It is especially a disease of *fast life*, and fast business life, in large cities. It is preventible, in many cases, without doubt; since, if it was hereditary in its own form, and not dependent on causes to which the male sex is more exposed, the proportion of cases would be more nearly equal in the two sexes.

General paresis, unlike the apoplexy and paralysis of advanced life, steals upon its victims in the early prime of life. The latter, often due to the natural decay of the blood-vessels of the brain, in old age, are not, necessarily, evidences of the physical degeneracy of our days. The former is certainly to be dreaded, and avoided by

every means of correct living in our power. But what is more desirable, when our work is nearly done, than sudden and painless death? It is merely another veteran fallen in the ranks; the gap is instantly filled, and the army moves on. Why pray, "From battle, murder, and *sudden death*, good Lord deliver us!"?

SYMPTOMS OF INSANITY.

DR. SKAE'S classification of the forms of insanity given in my last paper, and based on special physical conditions, is by no means in general use. Most of these conditions are recognized, and many of the terms are employed, but mental disorder being the striking feature of each case, while its cause is often mere matter of conjecture, it must continue to form a basis of classification. In a large class of cases, insanity is purely idiopathic; we can assign no cause outside the brain. In these, the mental symptoms differ; not only in the degree of underlying constitutional vigor or debility (sthenic and asthenic), but in various other ways, tolerably distinct and well recognized. Sympathetic insanity, too, always presupposes disease of the superficial gray matter, secondary, it is true, to some distant source of irritation, but presenting similar phases of mental disturbance.

To illustrate the principal modes of diseased mental action, let us take, or rather make, a few typical cases. A man thirty years old, whose maternal uncle was insane, whose father is intemperate, and his mother consumptive, for instance, inherits, in consequence, a susceptible cerebral organization. He is in active business, and overworking himself. His wife dies after a few weeks' sickness, leaving him worn with watching and anxiety, and overwhelmed with grief. Here are all the elements for the development of insanity, viz., hereditary, over-work, loss of sleep, and the shock of intense grief. Take away either, and the crisis might pass safely; as it is the mind gives way.

What is to determine whether this man shall become maniacal, melancholic, or demented? To the best of my knowledge and belief, it is a question of temperament and original mental constitution, influenced, perhaps, by the comparative suddenness and severity of the exciting causes. I think acute mania would oftenest occur in a person of excitable, sanguine temperament, in whose brain the normal rate of nervous action was rapid; while in a person of slower mould, with a constitutional tendency to depression, melancholia might arise. Dementia, as a primary affection, is more rare, but sometimes follows a sudden shock, or a fever, in a naturally weak brain. These hints are not to be taken as sure guides to the prediction of the special form of mental disease to be expected, as exceptions are very numerous, and it would hardly do to elevate them into rules.

If mania is to occur, it may develop rapidly. The man who slept little before his wife's death, now sleeps none at all. He moves about silent and abstracted, or bustles about with over-officiousness, or goes calmly on the business of the day, according to his habits of self-control, but he *does not sleep*. His brain is congested, or the circulation is too rapid, and the physiological condition of sleep, which requires a diminution of blood, is an impossibility.

Another question occurs: What is to determine whether the

emotions, the intellect, or the will, shall be first affected? These divisions of the mind are somewhat arbitrary, though better founded than most of the metaphysical and phrenological subtleties and absurdities, which true science has now discarded. According to the best and latest authorities, they have no separate local habitation in the brain. Emotion is but the *way our ideas feel* to us. Each idea, or group of ideas, excites its natural *feeling* in the brain. The will is the *result* merely of a train of ideas;—whether the train stops or goes on, whether we refrain from action, or whether we act, there is no need of a distinct organ, or nervous centre to determine it. Each idea fades out, by changing to another, or runs on to the centres of motion, according to organic necessities for the most part, inherent in the nerve-cells through which it passes.

The long and the short of this profundity is, that insanity always affects the *whole* mind more or less, however partial the affection may seem, judged from the speech and action. If the emotions predominate, be sure that the corresponding ideas prevail in the mind, however contradictory the speech may be. Incoherence and delusion are not necessary to intellectual disturbance, since a fixed predominance of gloomy or exhilarating ideas is equally unnatural. So when we say the will is intensified, or the will is paralyzed, it means not that a separate organ or faculty is affected, but that the nerve-cells hold their ideas well in hand, or let them go by the run, through sheer weakness.

Emotional disturbance may exist, however, for a long time, and to great excess, without incoherence or delusion. The brain may be as sensitive to the *feeling* of ideas, as an inflamed eye to dust or light. The reaction upon irritating thoughts may be as instinctive and sudden as the spasmodic closure of the eyelids, or as the cough which follows irritation of the windpipe.

In the case of our patient, the usual premonitory emotional disorder is merged in the grief natural to a distressing event, and the first sign of insanity is an outbreak of maniacal delirium. The whole mind is in commotion, and the body too, for that matter. The least thing provokes an emotional explosion. The ideas follow each other too fast for utterrance, and appear in speech as a broken torrent of words, with only a chance association of sense and sound. The mental machinery runs rattling down like a crazy clock, with all its checks and balances destroyed. Like the clock, too, its hands move aimlessly, and it strikes frantically till restrained. This is mania of the most active sort.

Mania is still but a symptom of changes in the circulation, nutrition, and nervous action of the superficial gray matter. Its various forms depend on the kind and degree of those changes, plus the individual's mental peculiarities. The maniacal paroxysm must be distinguished from the general state we call mania. The brain may be in a condition of latent or potential excitement, ready, like powder, to explode on the slightest provocation. The paroxysm must in the nature of things be brief, but the explosive tendency may be persistent for life even. The former may last a few seconds, as we saw

in epileptics, or it may endure a week or two. Our patient may die exhausted by his frenzy, may recover entirely in a month or two, may set up the bad habit of recurrent mania with lucid intervals, may lapse into a state of chronic, sub-acute mania, may alternate mania with melancholia, through a long period, or, as is more common, sink into partial or complete dementia, the final goal of all forms of insanity not cut short by death.

Mania under all its variations, supposes an excessive and expansive activity of the mind. The disordered feelings and ideas tend to express themselves at once in action. The mental state in mania may be best described by words beginning with the Latin prefix *ex*, signifying a tendency from within outwards, such as exhilaration, extravagance, exaltation, expansion, exaggeration, explosion.

Melancholia, on the other hand, is accompanied by depression, dejection, despondency, and despair. The same causes may lead to it, as in our case of mania, but the symptoms are usually developed more slowly. There is oftener a history of debility and ill-health preceding them. The natural grief for the loss of a wife may deepen into gloom, and extend, by degrees, to the patient's business prospects, and to his estimate of his own health. He can foresee nothing but financial ruin, sickness, and mental distress. He broods over his miserable condition, dragging himself on his daily round of duty, till dejection becomes despair. Reason is slowly eclipsed, and he seeks unreal causes for his misery, in the frown of God, or the machinations of his enemies. He attributes his bodily discomfort to magnetism, or spiritualism, or other forms of unseen agency.

Many cases stop short of active delusion. There is simply a settled state of gloom, which makes the patient miserable. In this condition the impulse to suicide as the most natural means of relief is common. This is really the quickest way out of trouble, and it is not strange that the instinct of self-preservation, and the restraints of religion, are overborne by the tide of mental distress. The unhappy victim of this cerebral condition has but one wish, one longing, quick —

> "To be hurled
> Anywhere, anywhere, out of the world!"

Homicide may result from pure insane impulse, or depend on a definite delusion. It is not uncommon in melancholia, and the impulse is confessed to, by many patients whose friends little suspect the danger they have been in. A parent, for instance, sees nothing but ruin and starvation before his children, and illogically kills them to avoid a possible calamity. Melancholic females are often possessed by a horrible longing to destroy children in their charge, but fortunately the frequency of the act bears a small proportion to the frequency of the impulse. Homicide may be committed in such an agony of mind, and in such a state of the brain, as to leave no trace in memory of the circumstances of the act. This merciful oblivion renders the convalescence free from those haunting recollections which retard recovery in other cases.

Melancholia often borders closely on dementia. It may, for months, prevent speech, or voluntary action. The patient is helpless, and either passive or obstinate, giving no sign of intelligence, unless a countenance gloomy rather than vacant is one. He would die of starvation without forcible feeding, and yet, after months, may recover, and remember much which occurred in his presence.

Actual dementia may assume an apathetic character, but differs from the last described condition considerably. There is, in the former, an air of vacuity and a general passivity, from which the patient may be partially roused; in the latter, more often resistance to all kindly interference, and an evident absorption in gloomy and painful thought. Acute dementia, from overwhelming shock to a weak brain, may assume the apathetic form; but in spite of their hopeless appearance, such cases may speedily recover, Dementia, secondary to other forms of insanity, is characterized by incapacity for deep emotion, for natural feeling, or for earnest thought. The mental activity is superficial and irregular. There may be fixed ideas, systematized delirium, or *delusions*, as they are called, as well as in chronic mania. There may also be outbreaks of brief excitement and violence, but they are not expressive of the ruling state of mind, as in the latter disease. Dementia may also be the result of long-continued vicious habits, or of premature decay in old age.

I have said nothing of the *physical* symptoms which accompany insanity, as they do not in themselves necessarily indicate mental disease. They do, however, in connection with the mental signs, serve to show the stage and degree of insanity. In writing upon this subject the mental peculiarities are largely dwelt upon; but the physician, in dealing with it practically, is concerned most with the patient's physical state, and, contrary to popular notions, finds in every recent case, at least, ample indications for physical treatment. After a careful examination of the whole case, he takes little interest in, or notice of, those mental vagaries which so excite the curiosity of strangers, except as they indicate the effects of treatment or the progress of the disease.

The patient's aspect, manner, and actions, are of course a direct reflex of his mental state, and should be studied with care. Sometimes a mere peculiarity in some article of dress may satisfy an experienced eye of something wrong in the wearer. The strictly physical symptoms relate to sleep, appetite, digestion, circulation, temperature, respiration, strength, and the like. The bodily functions in acute insanity are always deranged; strange sensations in the head and stomach are common; sometimes there is intense headache, with great heat of the head, quick pulse, restlessness, fever, dry and red or brown tongue. Extreme constipation, or menstrual irregularity, usually exists.

A careful examination of all the organs of the body is necessary to discover whether some local disease is not concealed by the mental state. Disease of the heart, consumption, Bright's disease of the kidneys, and local or partial paralysis, should be especially looked for. In fact there is no safety in undertaking to treat insanity with-

out a thorough examination of all the functions of the body. But this subject will be enlarged upon when we come to speak of the treatment of insanity.

PARTIAL INSANITY.

THE term *partial insanity* may be used to cover all those cases in which the mind is affected so slightly, or so one-sidedly, as to contrast with a condition of marked general disorder. A mild case of mental disease affecting both the moral and intellectual powers slightly, may be considered partial, because limited in *degree*, while moral or intellectual insanity is partial in the *extent* to which the mind is disordered. This latter division is based on the observation of cases in which either moral or intellectual disturbance exists, each independent of the other, as far as can be well demonstrated, the patient being manifestly insane, and unfit to be at large.

This distinction should not be too much insisted on, since, in most cases of moral insanity, a relative intellectual weakness may be inferred, if not proved; that is, either the control of the reflective faculties over the feelings has been weakened by disease, or the feelings are so aroused and intensified by disease as to overcome all intellectual restraint. So when the insanity consists of a mere delusion, there is generally an undercurrent of perverted feeling, though the actions may be quite sane and correct. Practically there are many cases of extreme insanity without delusion, and of delusion without such disturbance of feeling or conduct as to call for interference.

In examining a case of suspected insanity, the physician does not rely so much on intellectual aberration, as upon alteration of the natural state of the patient's feelings towards his family and friends, and changes in his conduct consequent upon cerebral disease. Actions here, as elsewhere, speak louder than words, and the case is often clearly made out before any evidence of delusion is reached. *Delusions* are generally secondary, and arise in the patient's mind to account for his changed feelings. They crystallize out of the unsettled state of his relations to external things, and are a sort of attempt at readjustment, after a period of excitement and confusion. The patient may come under observation before they are fully formed, or they may never assume fixed and definite proportions. In a case which is to undergo legal scrutiny, it is always necessary to bring them to the surface, if they exist. Like plums in a pudding, they make a case go down better; but a pudding is a pudding without plums.

Insanity may be limited in degree in all its forms. We may have mania, melancholia, or dementia, of so mild a type as to call for no restraint, the patient hovering, as it were, over the border line; too sensible to be called insane, and yet so altered or peculiar as to be really unsound in mind. I might name many men in public life, who present all the essentials of mania in their conduct, opinions, and feelings. They are called "cracked brained," or "fanatical," or "eccentric," and are said to have "a bee in the bonnet." They generally exhibit those exalted, extravagant, self-sufficient, meddlesome, erratic, and violent traits, which characterize the true maniac.

These men seem always on the point of becoming, what they somehow always manage to escape being, really mad.

Partial insanity of another kind is seen in persons whose nervous energy is insufficient for their organic wants, and whose mental vigor suffers in consequence. They are "blue," dyspeptic, hypochondriacal, suspicious, whimsical, irritable, notional, to the perpetual disgust of all healthy minds. These sufferers are to be pitied, and may be helped, though the patience of Job, and the wisdom of Solomon, seem requisite to deal with their fancied ills and mental vagaries. They are not all repellant, however, as many are able to conceal the intense selfishness common to melancholia. The lips may disavow all suffering, or may persistently dwell on the hopes, plans, and interests of others, and the most amiable traits of character appear, in spite of evident and constant mental anguish.

A lady of superior intellect and refinement of feeling lately confessed to me her liability to transient attacks of depression, lasting a few hours only, in which a suspicious state of mind is developed. Her relations to her surroundings become disjointed, as it were, and, without any change in her friends, she feels she is not appreciated, and still farther, that she is ill-treated and abused. Fully recognizing the morbid nature of this condition, she seldom allows a word to escape which would reveal her true feelings. In a physically weak condition from special illness, she once suspected her physician of a plan to perform a painful operation upon her without her knowledge and consent.

I have known this morbid feeling to seize upon a whole officers' mess, after a period of prolonged excitement and fatigue, producing a state of irritability worthy of sick children, and ludicrous to think of, when the soup, which had been well quarrelled over, had done its work on the inner man.

Dementia of all grades may be found, both in and out of hospital. Every community furnishes examples of amiable imbecility. People for whom allowances must be made, who are instinctively treated as children, though advanced in years, and whom everybody calls by the first name. They may be shrewd, handy, and cunning, in certain directions, and in their own sphere useful members of society, but a faulty organization prevents any hope of development; on the other hand, they may be morose, irritable, and at times dangerous, or gay, dissipated, deceitful, malicious, given over to drunkenness and vice, swelling the criminal class, filling jails and prisons, and a scandal to the law which makes no provision for the *three-quarters* witted.

I am convinced, from continued personal observation of both the insane and the criminal class, that both are largely recruited from individuals of defective mental organization. This belief is shared by many physicians whose opportunities for observation have been ample. In certain youth, it is safe to predict either habitual intemperance, crime, or insanity, as a result of hereditary disease. Many persons alternate between a prison and a hospital. There are patients in every hospital whose career would seem rather to justify

punishment, and it is certain that many in every prison are in no true sense morally responsible for their offences. The condition of the habitual drunkard, for instance, is either one of acquired partial dementia, or of inherited mental weakness, in respect of his one vicious habit at least. The short and repeated sentences of our courts for drunkenness are worse than useless, for a disease of this chronic nature demands prolonged restraint, and humane and liberal treatment. In no other way can the well-being of the individual be secured, society protected, transmission of vice, crime, and insanity prevented, and the labor which this class owes to society utilized.

Intellectual disorder without marked and obvious effect on the general conduct is sometimes observed. The usual morbid change of feeling may have passed off unnoticed, or have been brought about so gradually, as not to be recognized as part of the disease. Delusions may exist so disconnected from the ordinary mental operations, as to produce no change of character or conduct. Some transient period of mental exaltation may have been accompanied by hallucination of the senses, entailing a life-long delusion concerning it, as a supernatural event. This is the explanation of many a supposed revelation, divine mission, apparition of angel or devil, in which the individual steadfastly believes.

The unsettled condition of puberty is especially favorable to the development of religious delusion. The child's mind may have been injudiciously stored with religious fables, legends, miracles, or other spiritual machinery. He may have been led to expect, in his own case, some great and supernatural change, which will save him from everlasting torment, and bestow a mysterious peace and ecstasy of happiness. In some unstable minds at puberty, by continual thinking, and loss of sleep, from religious excitement, a condition of temporary delirium results. A distinct physical crisis occurs, prayers seem to be answered, an angel appears in the still watches of the night, announces that all is well, and gives some divine commission. A reaction from the state of gloom and depression follows, and peace results. A belief in the supernatural may, and often does, in some form, arise out of this condition, remaining as a permanent delusion after all undue excitement has passed away.

However formed, we do find delusions, the result of disease of a partial character, affecting the greatest and best minds. Joan of Arc, Swedenborg, Martin Luther, Napoleon, Sam. Johnson, and others, were in this sense insane. But instead of a single delusion, standing more or less apart, and disturbing but slightly the conduct and feelings, we may have a series of fixed ideas, constituting a system of delusive belief.

A general delusive idea of vast self-importance takes possession of the mind in most co-called monomaniacs. Out of this grand primary delusion arises a belief in some special extraordinary gift, or mission. As a rule, the greater the claims of the monomaniac, the more inadequate his power of performance. He believes himself destined to heal the world, and his means consist in an incoherent advocacy of the use of the syringe. He believes himself capable of

reforming the language, and his instrument is a tract, containing a crazy jumble of words and phrases. Such cases, however, afford examples of general insanity, partial only in the sense that considerable reasoning power, in certain directions, remains. The conduct, except when under restraint, moral or personal, is always radically affected, and the feelings deeply perverted.

Partial insanity of the moral or affective faculties is not uncommon, and is more clearly a distinct form than intellectual insanity, for this reason: in all forms of insanity the *morale* is first affected. The feelings, emotions, affections, and passions are altered, and the conduct correspondingly changed, before the intellect is much disturbed, or at any rate, in many cases, long before delusions are formed. This stage may be permanent, ending in dementia with delusions only after many years. It may take the form of depression, with suicidal and homicidal impulses, and no delusions. It may take the form of instinctive or transitory mania, with impulses to violence, vice, or crime, as in cases where there is an irresistible desire to drink, to steal, to ravish, burn, or kill, regardless of time, place, or consequences.

Chronic moral insanity is a comparatively frequent condition. No expression is adequate to describe the chronic misery which its presence inflicts on many a family. It remains unrecognized, oftentimes, even by the nearest friends, for what it really is — a subtile form of mania. In the wife, outrageous and unfounded jealousy is common; and the delusions, if any exist, relate to that which *may* be true, and which the world is ready enough to believe, especially on the assertion or insinuation of a wife apparently sane. Outrageous temper, the result of mental disease, confined to the family circle, is common to both sexes. In men, a fondness for litigation sometimes accompanies it. Not every case of bad temper or jealousy is insanity; but, oftener than might be supposed, there is a constitutional or pathological foundation for it which should be taken into account. It is the incipient form which the physician sees and helplessly deplores; while only after years of suffering does the confirmed disease bring its victim into court. It is to the credit of human nature, that, when recognized as disease, it is only in the last extremity of endurance that friends seek legal relief.

Take, for instance, a man who, up to middle life, has been temperate, industrious, a kind father and husband, and a successful business man. By degrees a naturally quick temper becomes uncontrollable. It involves him in difficulties which react upon him, and increase and develop an hereditary tendency to disease. In a few years his character has decidedly changed — his amiable traits have disappeared, and all his bad qualities have grown upon him. He may, or may not, have taken to drink. His abuse has driven away his children, alienated his friends, and made his wife sick and wretched. His home is ruined, his property melted away in fruitless lawsuits and damages for assaults. At last, in sheer self-defence, his wife attempts to secure his custody in a hospital for the insane. A few business friends, his lawyer, and others, in a meddlesome

spirit of philanthropy, rally round him, and denounce the attempt as an outrage. He has money, self-control, influence, business momentum to carry him on; his wife, nothing; and, still worse, has to contend with a real love for her husband as he was, and a fear of his often-threatened revenge if she is successful. Physicians bold enough to help her, do it at the risk of prosecution, and without hope of reward. His wife and children, before whom alone his insanity displays itself unrestrained, are incompetent, or, at least, suspected, witnesses.

This is no fanciful picture, but a correct likeness of an actual case, which has its fellows in every community. The conduct in such cases, whether occurring in male or female, if they find permanent lodgment in a hospital, is the same from beginning to end. Purposeless lying, thieving, quarrelling, mischief of all kinds, setting patients by the ears, plans of escape, and the like moral offences, fill up the whole time, through a long series of years. Often under discipline, seldom profiting long by it, with the plausibility of angels of light, they sink slowly into partial dementia, with now and then a delusion, or, as in one case I have in mind, die of some fortunate intercurrent disease, with oaths and cursing in their latest breath.

These, and other forms of moral mania, especially where crimes have been committed, involve all concerned in dealing with them in the heaviest responsibilities. The greatest caution is required lest one side or the other, in a legal inquiry, should suffer injustice; but it will not answer to close the eyes to the existence of forms of disease, just as evident to alienists as small-pox is to all observers. The plausible appearance of the patient under prolonged examination should not have the slighest weight against clear and positive evidence of disease *at home*, before the moral restraint of a legal proceeding existed. These patients not only may have a habit of self-restraint before the world, but may carry out an assumed character of amiability and injured innocence for years, with a skill and persistency which would be impossible to any but an insane mind. They often deceive the "very elect." And this is not strange, since nothing but actual observation of them, when off their guard in the privacy of home, or during a prolonged residence in hospital, can give any adequate idea of the subtle, yet deep-seated, nature of this form of insanity.

The moral of this subject is, be charitable, and don't "take sides" hastily where insanity is suspected or alleged.

MONOMANIA.

MONOMANIA is a term which has become established by usage, but which conveys an incorrect idea of the disease so called. It is objectionable, but as it can hardly be gotten rid of, I wish to speak of this form of insanity by itself. The disease monomania is merely one form of general mania. The expansive emotions, the exalted self-feeling, and the disordered ideas, which tend so strongly to eventuate in action in mania, are all present in monomania. The difference is in the degree of explosive energy, and in the range of the delirious ideas. Instead of an immediate and irregular outbreak of insane violence, the maniacal tendency is restrained. It smoulders for years, blazing up now and then when some special series of associated ideas is touched, but giving its character to the whole life. It is mania, latent or suppressed, and turned to service in some all-absorbing, but narrow, sphere of action.

In common terms, a monomaniac is one who is "insane on one subject" only, being in all other respects perfectly rational. This condition does not accord with our ideas of the unity of the mind. It is hard to believe that the secret relations of ideas are not deranged when so decided a symptom as insanity exists, if it *is* limited in its manifestations. Evidence of the separate localization of the so-called mental faculties is wanting, and still less can a definite location be asserted for each group of ideas. It is more reasonable to suppose a general cerebral affection, with a limited expression, in the region of ideas, determined by circumstance and perpetuated by habit, while the stress of disease falls on emotion and volition.

This view is supported by the fact that monomania, in the narrow sense of a single delusion, is very rare, and occurs oftenest in cases of hypochondria. The underlying disease is melancholia, with exaggeration of certain physical symptoms, some of which becomes in the patient's mind the basis of a delusion. He fancies his legs are of glass, or his head a diamond, and the like. Or he has a snake in his stomach; or he is a lobster, because his body turns red after a hot bath. The term monomania was perhaps well enough suited to these cases when insanity was considered an exclusively intellectual phenomenon; when the inexact observation of former times perceived in a single prominent delusion the whole disease. The term is, however, now often used carelessly to designate serious and deep-seated insanity, if the prominent symptom is disorder in some special group of ideas.

The definition of Griesinger does not convey the usual insufficient conception of this form of mental disease. He says: "Under the term monomania are comprehended those states of exaltation which are characterized by affirmative, expansive emotions, accompanied by persistent overestimation of self, and the extravagant, fixed, delirious conceptions which proceed therefrom."

The all-comprehending nature of monomania is shown at once in

the central symptom of self-exaltation, which manifests itself in vanity, pride, haughtiness, presumption, or audacity. This affirmative disposition is persistent, and will not brook opposition.

The power of volition is correspondingly exalted, and manifests itself, not in *immediate* action, as in mania, but in extravagant projects, which seem feasible to the patient, who thinks himself capable of anything. The desire for the manifestation of power, common to all forms of mania, is here controlled and kept in check by the series of fixed morbid ideas which preside over the will.

The intellect, as well as the emotions and the will, suffers in monomania. Out of the numerous trains of exalted thought which at the outset present themselves, the mind naturally fixes upon some one appropriate channel for its expansive tendencies. This may be determined by chance, or by previous tastes and habits; but once chosen, the delirious ideas maintain considerable independence, and tend to develop and express themselves in their own sphere of action.

The conduct is what logically would result from the above-stated condition of the intellect, emotions, and will. The patient generally assumes some exalted office or mission, which absorbs, sooner or later, his whole mental and physical activity. His relations with his family and with society are disturbed and broken up, and he becomes the slave of his delusions. By force of a diseased will, he tries to bend everything to the accomplishment of his insane plans. From choice, and for a purpose, such a patient may, however, fulfil the ordinary requirements of society, and even prove expert in concealing or explaining away his insane schemes if they are in danger. Opposition, when not too formidable, is sure to excite to acts of violence, as the most ready means of repelling interference. The restraints of the family and intimate friends are quite likely to be resented forcibly.

Monomania, therefore, instead of being a partial insanity, superficial, trivial, and unimportant, is really of extreme gravity, since it profoundly involves those organic centres controlling the emotions, the intellect, and the will. Griesinger says, in so many words, that "it is to be considered a much more serious affection than mania." Mania is a storm which soon expends its fury, while monomania is a current, deep, dark, and often dangerous. I will put the following case to the test of Griesinger's definition:

A gentleman, seventy-two years old, originally of eccentric habits and insane tendencies, was, thirty years ago, cured, as he thought, of acute rheumatism, by Thomsonian remedies. On his recovery, he determined to do something, sooner or later, for this system of practice, at that time somewhat in vogue. To that end he began to collect newspaper items, and to read books bearing on this subject, and finally to prescribe for his friends.

Ten years ago, after retiring from business, he began to devote more time to his queer researches. The copperplates of Thomson's portrait, an ancient medical dictionary, and other now obsolete books, were his most valued possessions. He published, about this

time, two pamphlets, which he regarded with great satisfaction. One of them, singularly enough, was not in the line of his medical inquiries, but purported to be a new plan for reforming the language. Under the two captions, "Age of Words and Phrases," and "Grammar," were assembled nearly thirty pages of disconnected and incoherent sentences, made more confusing still by the constant interpolation of synonyms, abbreviations without method, and other extravagances.

The second pamphlet, entitled "Track No. 1," is more readable, from the absence of the fantastic and distracting verbal construction of the former. It is still a good specimen, from beginning to end, of incoherency of ideas. There is also occasional verbal incoherence, and, throughout, the most absurd ideas are expressed with a gravity and earnestness born only of an insane conviction. The writer says, "We have been so excited with joy, when, after twenty hours' study, followed day after day, we found we could discover no failure in these *principles* (!) that our body, and our voice, too, has shaken for days afterwards like a dry leaf in the wind."

The central idea in this so-called system is the use of the syringe, of which the writer makes himself the champion, offering rewards to clergymen who will advocate its use from the pulpit, and to the city fathers, if they will provide facilities for its public use, and urging all hotels to provide injections for guests on arrival. It is unnecessary to particularize further, when all is so absurd. Suffice it to say, that under the guise of a system which was to restore mankind to health and happiness, and prove its author the benefactor of his race, is found a mere tissue of incoherent nonsense.

Six years ago, in further pursuance of his schemes, he added to his brick house, situated in the heart of the city, a story and a half, and built against its rear windows a wooden structure, quite filling up his back-yard. These additions, fitted up with steam boxes, water-closets, and bath-tubs, in each room, he called his hospital. To sustain this impracticable and expensive institution, he, from time to time, drafted, and attempted to execute, wills, leaving large bequests to it. These were so absurd that he was unable to prevail upon his legal adviser to complete them. He never succeeded in getting his hospital officered, even, and it is, in fact, wholly unfit for any hospital purpose whatever, and is, moreover, a damage to the estate.

Three years ago he withdrew more and more from his family and society, living, night and day, in an attic room, surrounded by his literary scraps, and devoting his time, far into the night, to the preparation of a more elaborate exposition of his medical system. This new work, of which he published a dozen pages, is entitled "The Herbal Physician," and is in the form of a drama, cut short at the twelfth page. Its style is tolerably coherent, being largely the work of hired amanuenses, who were constantly in his employ. Under these circumstances, his health was rapidly failing. Want of a proper amount of sleep and nourishment, with the naturally progressive nature of the last stages of his disease, had so seriously

impaired his health, that he expressed his fear of dying before finishing his last great work.

He had proved violent in several instances, and kept his family in constant fear and subjection to his least whim. He confessed his suspicions of the sanity of his family, and his belief in their intent to kill him, and showed, on several ocasions, by his conduct, that these suspicions and this belief were genuine, and not assumed. Furthermore, his management of his property was entirely controlled by his delirious ideas, and his purse and estate were literally at the disposal of any one who should set himself about deceiving him. His credulity in the direction of his delusions was great.

His disease proved fatal in a few months.

The first and essential feature in Griesinger's definition of monomania was strongly marked in this case. It is seen in the disparity between his extravagant claims and his utterly inadequate performances. Nothing short of an insane conviction of infallibility could bridge over such a gulf. It is shown in his pretentions as a medical reformer, and in his scheme for renovating the language, based on a chaos of unreadable sentences. It was further shown in the acts of petty household tyranny by which his morbid will continually enforced itself. It found expression in such words as these: "*I* am my family!" and, "*This hat* covers my family." The fact that this patient was allowed, for years, to go on unrestrained in his exactions and expenditures, exhibits the power of this diseased self-assertion over ordinary minds.

Emotional disorder was shown in irascibility, resulting at times in personal violence; also by fears and suspicions of danger, leading to strange defensive precautions, based on the expressed belief in the insanity of those about him, and upon alleged attempts on his life. The disposition, amiable at times, was subject to sudden variations and contradictions; extreme harshness and severity following kindness, without warning. There was parsimony in household expenditures, while no expense was spared to further his insane projects.

The intellectual disorder showed the usual one-sided development which alone gives pertinency to the term monomania, while the judgment was fatally impaired with reference to the value of his delirious ideas. Upon matters of business routine, he retained a fair amount of reasoning power. Under the stimulus of legal proceedings, and aided by able counsel, he made a very efficient defence against the charge of mental disease. He used, in conversation, the stereotyped arguments, with a certain shrewdness common enough among the insane. There was a display of cunning which sometimes overleaped its object, and was far removed from the defensive action of a healthy mind. Technical skill and a knowledge of affairs are often found in cases of general insanity, and should excite no astonishment in a case like the above.

With such evidence of incoherence as the pamphlets alluded to afford, with hundreds of still more fantastic scraps in manuscript, to say nothing of the abortive wills, and the standing proof of his so-

called hospital, no question of profound intellectual aberration can be entertained. In fact, as is so often the case, this patient had a half-suspicion of his own sanity; for he asks, in one of his manuscript scraps, "Am I insane, or is all the world becoming so?"

His conduct, from first to last, was logically consistent with his delusions, and with the form of mania above described. As his writings were the organic outgrowth of his disease, so his actions were the necessary expressions of his disordered ideas and feelings.

And, finally, his persistent use of his own exhausting remedies, his last business acts, and testamentary disposition of his property, proved his disease to be strong in death.

The case of Lady Hester Stanhope is illustrative of this form of mental disease. The account of a visit to her, given by Lamartine in his "*Voyage en Orient*," is fortunately so detailed and circumstantial as to afford ample grounds for an opinion as to her mental condition. This is the more remarkable as he himself, with a poet's appreciation of the picturesque in character, as well as in nature, is unwilling to admit her insanity. Perhaps also with a Frenchman's politeness and sense of honor, he is willing to excuse to the world the eccentricities of his hostess, while unwilling to lose so interesting an episode for his book of travel.

Lady Hester Stanhope, after the death of her uncle, the illustrious statesman Pitt, set out on an extended tour of Europe, and for several years was at home in the various capitals, where her rank, fortune, wit and beauty brought her many admirers. Her motive for refusing all offers was attributed by some to the death of an English general in Spain, to whom she was attached, by others simply to her love of an adventurous and independent career. She visited Constantinople at last with a numerous *suite*, and, after remaining some years, embarked with the greater part of her property, in the shape of jewels and rich presents, for Syria.

Suffering shipwreck, with loss of all her treasure, she returned to England, collected the remnant of her fortune, and, freighting another ship, departed once more for Syria. This voyage proving a happy one, she established herself at Latakia, and prepared, by learning Syriac, and making the acquaintance of Arabs, Druzes, Maronites, and natives of other distant tribes, to explore the most inaccessible regions of the country.

Her travels were extensive and prolonged. She moved with a numerous train, richly appointed, and distributed her gold and presents with a lavish hand. Her almost royal progress, her beauty, and grace, and magnificent generosity, so impressed the wandering tribes, that they surrounded her tent in great numbers on one occasion, and proclaimed her Queen of Palmyra. They presented her with firmans, offering safe conduct to any European who should visit the desert under the protection of her name, and promising tribute-money to the amount of a thousand piastres.

After a nomadic life of years, Lady Hester took up her abode in an almost inaccessible solitude of the mountains of Lebanon. She built many houses, surrounded them with walls, and established her-

self with a suite of followers in the midst of Oriental luxury. She held, for a time, a sort of court, in friendly, if not political, relations with the various native authorities. Her fortune soon melted away, and with it most of her followers vanished, until, at the time of Lamartine's visit, she was almost alone, without books, papers, or letters from Europe, without friends or white servants even. Refusing the society of her travelling countrymen, she lived, as it was said, a life of religious exaltation, only varied by the study of astrology.

In reply to a very ingenious and flattering letter, Lamartine, more fortunate than others, received permission to visit her. After describing her still attractive features and figure at the age of fifty years, her Turkish costume and her graceful reception of him, the poet details at length his prolonged interview. Lady Hester informs him that she perceived, beforehand, that their "stars were friendly," and is pleased to find her presentiments confirmed. She knew by his step in the corridor, he would be welcome. Surprised at this sudden proffer of friendship, he confirms his presumption that he is a stranger to her. She denies all knowledge of his wordly identity, but has at once perceived his spiritual character. "Do not consider me mad, as the world often does," she says, "for I cannot resist the necessity of speaking to you frankly."

Then follows her affirmation of the truth of astrology. She says the influence of our natal planet is written in every movement and in every feature. Lamartine, she says, (without, as it seems, any calculation of his nativity,) was born under three stars, happy, powerful, and good. God has led him to her to be the instrument of her power at the second coming of Christ, which was near at hand. As she warms with her theme, she sees more than three stars, even four and five, "*et qui sait plus encore!*" "You should be a poet; this I see in your eyes, and the upper part of your figure; below you are under the control of different stars almost opposed," etc.

Suddenly she asks his name, and predicts his return to the East after great deeds in Europe. The East, she says, is the home of his fathers, since he has an Arab foot under which water can run. She expounds her religious views, which seemed a mixture of beliefs gathered from the tribes among which she had lived. She took him mysteriously to the stables, where was a bay colt born *ready saddled;* that is, through a deformity of the spine, his back presented a curve like that of a Turkish saddle. This colt, it had been foretold for centuries in prophecy, would carry the Messiah at His next coming. No one was permitted to mount him, and he received the tenderest care, as did also a white colt, which Lady Stanhope had reserved to bear her into Jerusalem, by the side of the Saviour.

Lamartine's opinions upon this case are a poet's apology for the eccentricities of his hostess, and are more ingenious than plausible. He talks of "the fantastic coloring and supernatural dreams of an Oriental imagination, heated by solitude and meditation." In speaking of her remarkable memory, he says, "Solitude concentrates and fortifies all the faculties of the soul." So does monomania concentrate the faculties into a narrow channel, and the strength of the

current is in proportion to its width. Memory is a strong point with the insane of this class. He also does justice to her generally sound intellect, but attributes to solitude again the "false tone of the metaphysical chord strained to a pitch too high for mortal intelligence."

It is unnecessary to analyze here this exceedingly interesting case of mingled genius, eccentricity, and disease of mind. Its resemblance to less illustrious examples will be none the less apparent for its romantic setting. It is one of a class, having marked general traits with great variety in detail. The truth aimed at in the beginning, is exemplified in it as far as the narrative has been presented, and is indicated in many hints which cannot well be reproduced.

I cannot omit to offset the opinion of one poet with that of another here, since it will call attention to a most interesting episode in the life of Lady Hester Stanhope, which I have not space to enlarge upon. In Whittier's Snow-Bound will be found a beautiful description of another character, "strong, self-concentred, passionate, and bold," a half-unwelcome guest at that famous fireside. "A vixen and a devotee," whose rounded wrist "had facile power to form a fish"; whose "sweet voice had notes more high and shrill for social battle cry."

"Since then what old cathedral town
Has missed her pilgrim staff and gown;
What convent gate has held its lock,
Against the challenge of her knock!
Through Smyrna's plague hushed thoroughfares,
Up sea-set Malta's rocky stairs,
Gray olive slopes of hills that hem
Thy tombs and shrines, Jerusalem,
Or startling on her desert throne,
The crazy Queen of Lebanon,
With claims fantastic as her own,
Her tireless feet have held their way;
And still, unrestful, bowed, and gray,
She watches under Eastern skies,
With hope each day renewed and fresh,
The Lord's quick coming in the flesh,
Whereof she dreams and prophecies!"

MEDICAL TREATMENT OF INSANITY.

THE treatment of insanity consists in the medical and moral management of the patient, either at home or in hospital. It differs from the treatment of other diseases, chiefly on account of the fact that every insane person having lost, in some measure, his reason, depends on others for guidance and control. This radical difference between an insane patient and a sane one, arising from the peculiar functions of the organ affected, will always necessitate restraint in some form, for the sake of treatment, if not for safety.

It is a popular notion, shared sometimes by members of the profession, that *medical* treatment is of little use in cases of insanity. The public is naturally at fault on this subject. Insanity has been, and still is, too often regarded as a mysterious affliction of the immaterial spirit; a dispensation of Providence of an obscure and awful character, quite removed from the ordinary category of disease. Physicians have been led into a similar error, partly from want of experience, and partly from the failure in their hands of such irregular and inadequate treatment as could be administered at home.

Insanity is more amenable to treatment than most chronic diseases. It is functional in its character in a large number of cases. At the outset it consists in slight changes in the circulation and nutrition of the brain, and does not necessarily entail any visible change of structure. The cerebral machinery is so delicate as to be easily disarranged by slight causes, and as easily restored to healthy action, by early and judicious treatment. The actual disease is not commensurate with the gravity of the mental symptoms. The same amount of disturbance in some other organ whose functions do not so immediately concern our relations to the world outside of us, might pass unnoticed.

For another reason medical treatment is especially efficacious in mental diseases. No other organ is so quickly and easily affected by remedies. It is to the brain through the blood, that almost all remedies are addressed. In diseases of all the organs we use medicines to modify the nervous action of the brain; by which means we regulate the circulation generally, increase or diminish nutrition and secretion, control muscular action, promote appetite, and eliminate morbific elements from the system. By means of medicine we can annul pain and induce sleep, surely and safely extinguishing one function of the brain after another, until the nervous apparatus runs at its lowest speed, and barely suffices to keep life going; or we can so feed and stimulate the cerebral engine as to carry life safely at high pressure, over many dangerous obstructions.

The medicines directly affecting the brain increase every year in variety and usefulness. Opium, the chief reliance of our medical fathers, finds itself in the company of formidable rivals. The improved use of the old vegetable neurotics—belladonna, hyoscyamous, conium, and stramonium — the discovery of ether and chloroform, the subcutaneous use of morphine and other remedies, the bromides

and iodides, lastly, chloral hydrate, have revolutionized the medical treatment of insanity. Our increased knowledge of the proper use of stimulants, high feeding, and the various tonics, has increased our means of dealing with a disease formerly allowed to pursue its course unrestrained. If any one fact is plain to physicians conversant with insanity, it is that cases eminently curable are rendered hopeless by the neglect of friends to enforce proper medical treatment.

The great importance of *early* treatment cannot be too much dwelt upon. The observance of this simple rule, would increase recoveries from fifty per cent., the average hospital rate, to at least eighty per cent. for recent cases. The difficulties in the way of early treatment are peculiar, but not insurmountable. The patient often conceals his disease as long as possible, instead of seeking relief of his physician, as he would in case of some physical ailment. He may be unaware of his danger, or dread exposure, and so wastes the precious days in which the impending attack might be prevented. If his friends observe the approach of mental disease, they are unable to influence the patient, misapprehend the danger, dread exposure, hope against hope, and throw away his best chances in useless experiments, until the case becomes hopeless, or some public outbreak compels action.

For these reasons the second attack is sometimes less to be dreaded than the first. The patient, instructed by sad experience, takes his own precautions, consults some physician who knows his history, or goes directly to the hospital where he was formerly cured. Such cases are of frequent occurrence — I have repeatedly seen a threatened attack of insanity prevented by a timely prescription, and am morally sure that, without such early interference, months of suffering would have ensued. For instance, an intelligent mechanic who had twice been an inmate of an insane hospital, on his own application, suddenly gave up work on account of another attack which he felt to be impending. He was sleepless and depressed; was ashamed of his condition, and had determined to start at once for the West, without informing his friends of his mental state. He fortunately applied to his physician at the last moment, was prescribed for, slept, gave up his scheme of emigration, returned to his work in two or three days, became well and cheerful, and has remained so.

The importance of securing regular and sufficient *sleep*, in this early stage of insanity, by means of medicines skilfully varied to meet the requirements of the case, cannot be too much insisted on. The proper amount of sleep, the kind of medicine, the size of the dose, and the times of giving it, should be determined only upon the best obtainable medical advice. Nothing is so pernicious as to leave the treatment at such times to the judgment of the patient or his friends. Success and failure depend entirely upon the *manner* in which treatment is carried out at this critical period. Patients have often been stupefied with bromide of potassium, in the attempt to *force* sleep with a drug only adapted to quiet and relieve them, until it was hard to distinguish stupor from depression or dementia. Chloral hydrate has been given till exhaustion and threatened col-

lapse followed what should have been refreshing sleep; on the other hand, over-cautious doses, domestic herbs, and infinitesimals, are relied on, till the incipient stage goes on to confirmed insanity. This sliding scale of domestic practice descends, in my experience, from six pounds of chloroform, in twenty-four hours, to hop pillows, and decillionth grain doses of belladonna, tri-daily.

Constipation is a frequent accompaniment of incipient insanity, as well as a troublesome complication in all its stages. The necessity of attention to this exceedingly harmful condition is not sufficiently recognized. It is a matter which requires advice, and should never be left to the judgment of patient or friends. It may make all the difference between suicidal impulse and its absence in cases of melancholia. It is a matter of life and death, literally. It is responsible for many an outbreak of excitement. Coma, paralysis, and approaching death, disappear sometimes before a timely cathartic. The ways and means of relieving this condition are not to be lightly chosen. The thousand *pills* which flesh is heir to, in these latter days, may or may not contain useful and wholesome drugs, but the patient who puts his trust in them deserves to suffer.

The *feeding* an insane patient is strictly a part of his medical treatment, and the most important part, too. Food is tonic, sleep-producing, and directly curative, when properly used, in cases of insanity. It should not be left to be given or taken at hap-hazard. The physician who feeds most skilfully will succeed best. In the acute stages of all forms of mental disease, there is a disturbance of the appetite. It is wanting entirely, or is fickle and irregular, or, rarely, inordinate. The patient's mind may be so preoccupied by excited or delusive ideas, that he will not take time to eat. Some patients refuse to eat as a result of concealed delusion, or openly insist that their food is poisoned, their throat grown up, or attempt starvation as a means of suicide.

In all these cases the most unremitting attention must be paid to the amount, and kind of food taken, as well as to the times of taking it. There is always great nervous waste, from the rapid or painful cerebration constantly going on, to which is often added the waste attending great muscular activity. The patient, thinking he is sick, may abstain from meat and other strong food, or, thinking he is well, and being naturally a small eater of meat, cannot be induced to take the increased quantity the exigencies of his case demand. With some patients, double the usual amount may be required to sustain the exhaustive tendency of the disease, and this change seems unnecessary, and hurtful to them.

Animal food must be *prescribed* in concentrated form, in the shape of beef extract, soups, oysters, eggs, milk, custards, jellies, etc., in such quantities, and at such frequent intervals of day and night, as shall insure a very generous diet of known quantity. Its administration must be enforced regularly and persistently in all cases where the exhaustive tendency is strong, and this will tax the skill and energy of the nurse and physician to the utmost. Feeding, however, is the one thing needful, and must be carried on peaceably

or forcibly, as the case requires. Solid food, rich in nourishment, is best, but beef tea has come to be the main stay in hospital practice, from its concentration, its easy administration, and digestion.

I cannot help quoting here the experience of Dr. Blandford, the latest English authority on insanity, since it accords with what every asylum physician sees daily. He prescribes, in some cases of melancholia with supposed *dyspepsia*, the following diet: "Before getting out of bed in the morning, rum and milk, or eggs and sherry; breakfast of meat, eggs, and *cafe au lait*, or cocoa; beef tea, with a glass of port, at eleven o'clock, and a good dinner or lunch at two, with a couple of glasses of sherry; at four, some more beef tea or an equivalent; at seven, dinner or supper, with stout and port wine; and at bed-time stout or ale, with the chloral, or morphia. This allowance I have given to patients who were said to be suffering from aggravated dyspepsia; who, I was told, had suffered from it all their lives; who had never been able to take malt liquor, or eat more than the smallest quantity at a time; who, in fact, had been living on about half the quantity requisite for their support, and through chronic starvation had come to this depressed condition. I hardly need tell you, that the patients and their friends were aghast at the quantity ordered to be taken; but improvement has taken place immediately, the tongue cleaned, the constipation given way, and the depression diminished." A modification of this treatment would suit many cases of "dyspepsia" without insanity.

It is a mistake to suppose that, with the insane, "good digestion waits on appetite." It only waits for food, and soon disposes of it, to the advantage of the patient. The appetite comes with eating. It is also an error to suppose that forcible feeding does no good; in the few cases where it is required, it often proves the salvation of the patient, as many persons now sane and well can testify. Tri-daily feeding with a stomach-pump, kept up for three, six, or nine months, is heroic practice, at least as regards the operator, but it has the advantage of saving life, and restoring reason. More commonly, however, a resolute use of moral suasion, backed up by an occasional appeal to force, will overcome a patient's morbid obstinacy. The good effects, too, are often so immediate and obvious to the patient, that he yields at discretion. It is not only while the patient is master of himself, and able to resist advice, that mischief results from insufficient food. Too many, helplessly sick, have been allowed to die of sheer starvation through ignorance and supineness.

The use of *stimulants* forms a part of the food question. Without entering upon the discussion whether alchohol is assimilable as food is, it suffices to know that it does of itself support life, and in combination with milk and eggs, or as an adjunct to ordinary diet, it is indispensable in the exhaustive forms of insanity. Its use should be regulated by the effect produced, without regard to theoretical notions of its chemico-vital reactions in the body, or of the quantity a person in health might safely use. To keep within the limits of purely stimulant action, and to avoid its narcotic effect, should be the rule, whether half-ounce or half-pint doses are required. A layman

is no more competent to prescribe alchohol than other medicines, since much harm may be done by its improper use.

I might speak further of the use of tonics, when failing strength is the precursor of mental disturbance; of alteratives and other remedies for the underlying constitutional affections of scrofula, rheumatism, syphilis, and the like, upon which insanity sometimes depends; of the treatment of local diseases which affect the brain sympathetically; but these are matters which are not susceptible of popular treatment. In fact, discussing the question of the medical treatment of insanity in a family journal of health at all, needs a word of apology. The only safe direction to give the friends of a person becoming insane, is to send at once for a competent physician. Better in this, and all other diseases, an experienced physician without medicines, than the best remedies without a physician.

I have intended to say only enough to enforce the idea that insanity is curable; that medical treatment is even more efficient than in other diseases, and that early treatment is essential to speedy recovery. A vacillating and expectant course, which is safe in the ordinary sicknesses which may tend of themselves to recovery, is fatal in a disease which, like insanity, almost invariably progresses from bad to worse unless interfered with. Prompt and well-directed treatment in those cases which promise success, is equally removed from the weakly-expectant on the one hand, and the rashly-heroic on the other.

Lest from zeal to inculcate one truth we lose sight of another, and thereby convey a partial view of the subject, it should be remembered here, that many cases are obviously incurable from the beginning; those depending on epilepsy, general or local paralysis, or other organic diseases, for instance. Some cases which promise well at the outset, prove most intractable. There comes a stage in every form of insanity which is practically incurable, and this may have arrived insidiously, before treatment has been deemed necessary at all. It is *because* insanity, although generally curable, so often becomes fixed and permanent, that no time should be lost in taking measures to arrest its progress. The structure of the brain, so susceptible to morbid impressions, quickly assumes the vicious habit of diseased action.

When incurable, much may be done to relieve and modify the worst symptoms, and many cases which only seem incurable from their duration may, by persistent endeavors, be relieved. It not only requires experience and discrimination to decide what to do and when to do it, but to determine how long treatment may be usefully continued. Next to delay, a frequent change of treatment is pernicious with a disabled brain; trying this and trying that is not a safe policy. As many patients become permanently insane through the interference of friends in the stage of convalescence, as from their neglect at the outset.

Certain cases of melancholia particularly require long-continued treatment. The disease may have been of slow formation and moderate intensity, extending over years, and requiring from one to

three years more of steady effort to change and improve the nutrition of the brain, to break up morbid cerebral habits, and to establish healthy action. This, it is needless to add, requires hospital opportunities, for the sake of rest, seclusion, constant observation, and the carrying out of systematic medical treatment. It also requires an amount of faith and patience on the part of patient and friends, which merits, and often obtains, its reward.

MORAL MANAGEMENT OF THE INSANE.

IT is not the insane alone, among the sick, who need other than drug treatment. The student of medicine is taught the use not only of *ingesta* and *medicamenta*, diet and medicine, but of *subjecta* and *circumfusa*, which include moral forces, and the effect of surroundings. These classic elements of treatment apply in varying proportions to all forms of disease, and failure quite as often results from neglect of the last two, as from misuse of the first two. The homœopathist practically ignores the *medicamenta*, if he honestly adheres to the infinitesimal theory, and succeeds, when he is successful, by treating the *patient*, and letting the disease take its own course. All forms of quackery thrive by force of the *subjecta*, in spite of improper and useless medication. The vice of all kinds of irregular and exclusive systems of practice is not in appealing strongly to the mind of the patient, but in *deceiving* the imagination with illusive hopes and fallacious theories, which react unfavorably, and produce a harmful scepticism, when discovered to be groundless. In this way, positive medical science is made to share in the disrepute which should attach only to the special form of error in question.

There is a way of reaching disease through the mind which does not sacrifice the requirements of scientific truth. By quick sympathy, and a lively interest in the patient as a member of the great human family, whose fate is important to all as well as to himself, by showing a critical knowledge of his disease, by an active use of remedies when they are indicated, and a masterly inactivity when they are not, his confidence, respect, and affection may be secured, and *ought* to prove a better foundation for treatment than the ever-shifting promises and subterfuges of quackery.

With the insane, the moral management of the case assumes a greater relative importance. We here see mental states reacting upon the physical condition in a remarkable manner. Although cerebral disturbance affects the mind from below upwards, moral causes as certainly originate cerebral disease, acting, as it were, from above downwards. Given a brain predisposed by hereditary weakness to take on morbid action in that part responsible for the mental manifestations, and it is apparently a matter of chance whether the exciting cause of insanity shall come from within or from without; whether the train already laid shall be fired by physical irritation or some painful moral impression. In fact, a series of the latter may *lay* the train as well as a continuation of the former; or a powerful mental shock may overcome reason at once, when no special proclivity to disease exists.

Since the moral forces have such a causative influence, they may be expected to have a peculiar curative power. But because a mental shock may induce insanity, it does not follow that a shock of another, or of the same kind, will cure it. Such a belief was, however, once honestly entertained and acted on, and will account for some of the cruelties practised upon the insane in former times,

which are too often attributed wholly to neglect or barbarity. It is one thing for sudden grief, or fright, or other depressing emotion to disable or paralyze the delicate functions of the cerebral nerve-cells, and, by reactionary excitement, cause permanent insanity, and quite another for any shock whatever to restore healthy action. A refractory watch or clock may possibly be started by a lucky blow, the machinery being already in running order; and so, in some rare instances, the mental faculties, suspended rather than disordered, stand ready, like an engine-beam "on the centre," to act upon any chance impulse.

In this way, if the legend can be trusted, was St. Dymphna, the patroness of Gheel, the means of curing, by her violent death, a poor lunatic. This saint, as the story goes, was an Irish princess, and an early convert from paganism to Christianity. Fleeing from the rage of her father to Belgium, she was there overtaken by him and brutally murdered. The cure effected by this frightful occurrence upon an insane bystander, has made her shrine the resort of lunatics for many centuries; but it is not recorded that any other of the thousands visiting it has been cured in so sudden a manner.

The prolonged effect of the depressing emotions is a more frequent cause of insanity, and a prolonged and habitual use of moral agencies, thereby regulating the modes of life and thought, is more efficient in its cure. There is nothing mysterious in the influence which some persons have over the insane. It is founded in those qualities which prevail everywhere, and which are felt to be influential by all. It often happens that immediately a person becomes insane, those about him take leave of their senses also. They look upon their former friend as suddenly transformed into some new and strange kind of being, upon whom ordinary motives and methods of dealing will be thrown away. If he is violent and deluded, they plan deceptions, or spring ingenious traps on him, or attempt to look him into submission, as if he were a wild beast. If he is abstracted, they think he knows nothing, and will remember nothing, and are astonished at acts the result of their own imprudence. All this misunderstanding aggravates the patient's suspicions, and increases his hostility and violence. In this state of things, some physician, or other experienced person, beards the maniac in his den, and, after a little, quietly drives away with him to the hospital. The one thing which it was supposed would excite the patient's utmost frenzy, has been quietly and speedily accomplished.

To many persons this would seem the result of personal magnetism, or great will-power; but does not necessarily imply that, being simply that influence which an intimate knowledge of the patient's state of mind gives to one possessing it. To say the right thing, in the right way and at the right time, or to present the one adequate motive, is to control the patient for the time.

No deception is allowable or necessary under the circumstances we have supposed. If the patient is absolutely beyond the reach of motive, words may be spared, but the only basis of communication should still be the *truth*. This, properly presented, is a powerful lever for moving even the insane mind; but if it fails, let the alterna-

tive be force, and not deception. Force, kindly exercised, leaves no sting behind; deception is always a mistake, and destroys all influence at once and forever, when discovered. The truth first, last, and always should be the rule. An exception to this rule is found in some cases of emergency, as when relapse or death is quite sure to result from the communication of disastrous news. Here the truth may be withheld, but if it cannot be easily done, let the lie be sound and plump enough to accomplish its purpose, to be confessed and justified afterwards. It is needless to say this direction will not be found in the text-books on moral philosophy.

Next to truth stands *sympathy*, in its influence over the insane mind. This should be a deep and real interest, shown rather in manner than in words, and pervading all which is said or done. If obtruded, it would in some cases excite resentment; if lavished in others, it would stimulate emotion which should rather be allayed. This feeling in excess, is one thing in the way of home treatment. Friends and relatives are often so sympathetic and emotional as to excite unnecessary feeling in the patient. Their own excited feelings prevent that cool and deliberate action which is not incompatible with the warmest interest in his welfare. They magnify trifles into cause of grief or anger, embarrass and fret the patient by unnecessarily assiduous attentions, and instead of seeking to remove the physical causes of excitement, attempt, by appeals to his affection, and arguments from their past relations, to suppress it. A misdirected sympathy is worse than none at all; just as a heartless but skilful surgeon is better than a bungler running over with the milk of human kindness. But in the long run, a genuine feeling of unobtrusive sympathy will have its due effect, and is necessary to continued personal influence over the insane.

A *knowledge* of the case in hand, and of similar forms of mental disease, is a requisite which only results from long experience, but which is the one element most essential in the treatment of the insane. It is here that the trained physician has an advantage over all comers. To frankness, which disarms suspicion, and to a sympathy which attracts, he can add the power to touch those chords of the mind which shall respond most healthily; or if his purpose is to test and display a concealed state of feeling or delusion, he can bring it to light in the most easy and natural way. Knowing the history of the case before him, or getting a hint of the form of the mental disorder from the aspect of the patient, he has the key in his knowledge of the *class* to which it belongs, with which to unlock this individual case. Though he cannot play the flute of Hamlet, he can play upon Hamlet himself.

A more valuable use of his knowledge consists in his power in many cases to gain the confidence of his patient, and to impress upon him the necessity of treatment, and of his ability to relieve him, if not of his insanity, which he will not acknowledge, at least of some of its physical symptoms. Comparatively few patients are beyond the reach of such influence at some stage of their disorder.

To the above qualities must be added *firmness*, persistency, and tact. It is noticeable that the insane are often found more docile in

the hands of some one person, oftener a nurse or neighbor than a near relative. It is generally because this person, without theorizing about it, has some of the qualities we have mentioned strongly marked. His will is judiciously exercised, but may be relied on in emergency, and the patient knows it. He does not venture on experiments with this one. He does not find his harmless vagaries checked, he is more trusted, and has more scope than with others, but he finds the limits to his action firmly and quietly maintained. He is not tempted to try their strength a second time.

This firmness *persistently* maintained, it is which in hospital or home practice affords such support to the wavering mind. It is the best of tonics to an enfeebled will. It allows its free exercise in healthy directions, and takes away all inducement to its use in others. It supplements it when feeble, till habit takes the place of self-control, and stimulates self-restraint as fast and as far as it can be safely exercised. This *one man power*, or woman power, as the case may be, resembles in some respects parental authority, just as the behavior of the insane often resembles that of children. Similar motives affect both, and each may, by firm and persistent treatment, be encouraged in well-doing until healthy mental action becomes habitual.

It is useless to say much of *tact*, for if it does not grow with experience it is because the individual was born without its germ. It seems to be a partly instinctive, and partly cultivated quality. It consists in a feeling of the exact requirements of time, place, and circumstance. It admits of yielding in non-essentials to accomplish quietly a desired result. It is not deception so much as *indirection*. It may be used to divert the patient's mind from painful and troublesome thoughts, or to lead him to disclose them, if it is important that he should do so. It is, above all, useful in inducing him to pursue such a line of conduct, and to accept such treatment as his case requires.

Its exceptional use is demanded in circumstances of danger from insane violence. It is not likely any reader will ever find himself in the situation of the gentleman in the following story. If he does, it is to be hoped his tact will serve him as good a turn: Finding himself on a tower with a madman, who said to him, "Sir, we must jump down together," he replied, jokingly, "Any fool could jump *down;* lets go to the bottom and jump *up!*" If this story be true, it was probably the wit of the reply which diverted the maniac from his purpose, and not his acceptance of the absurdity involved in the answer.

The elements of character essential to successful dealing with the insane, are in no sense peculiar in themselves, and there is no peculiarity in their application to insanity except that arising from the various mental states, which render the patient sometimes more, and sometimes less, susceptible to them. It will be seen how important it is to unite them in a single person, and to place that person in intimate relations to the patient. The practical difficulties in the way of accomplishing this result without combining with the moral a certain degree of personal restraint also, will be considered hereafter.

There are many extreme cases of all forms of insanity, in which moral influence is of little avail. In complete dementia, those faculties are wanting to which motives can be addressed. In acute mania, at its height, their normal relations are so broken up by rapid and disordered cerebral action, that all impressions are effaced as soon as made. In the less rapid action of melancholia, when the mind is painfully absorbed, and the attention turned inwards and immovably fixed, no influence from without seems to reach it. The most powerful arguments, the strongest appeals to the natural affections and instincts, are powerless, and even hope, which

"Springs eternal in the human breast,"

finds no expression, and gives no sign of existence. Even in these cases the same qualities should be persistently exercised, surrounding the patient with an atmosphere of influence, which, at favorable moments, may insensibly penetrate the defences of the mind, and accomplish its proper work. The hope of recovery should be constantly held out to those who seem insensible to it, as well as to those who take daily encouragement only to lose it again.

When, from disease, the moral sense is perverted or wanting, it seems hopeless to appeal to it. When the feeling of the natural relations of right and wrong is wanting, when the instincts and affections are absent or changed, moral appliances lose their power, or at least degenerate into an appeal to the lower motives of reward and punishment. By invariably connecting good behavior with privileges and favors, and bad conduct with a deprivation of them, the intellect associates them, and serves as a tolerable check upon the prevailing tendency to mischief.

The limitations to strictly moral management of the insane are at best numerous, and too much should not be expected of it, especially when uncombined with hospital restraint. In hospital the patient is more immediately and constantly dependent on the physician for daily advice and kindnesses. The relations established in this way are often, in the cases most unpromising at the outset, pleasant and useful. It needs time and opportunity to effect what is really an education of the patient in the causes and consequences of his new state of thought and feeling; and in convalescence he must be shown how groundless have been his disordered ideas. In a curable case, the patient's mind passes through several stages of feeling toward those in authority over him. From active opposition, at the outset, to acquiesence in what he finds to be inevitable, is the usual experience. Then, as convalescence begins, another stage, of home-sickness, irritation, and impatience, based on a weak brain, which begins to admit the insanity of its former condition, but cannot see the need of further treatment; and finally, as strength and reason are fully restored, a cheerful acceptance of advice, a reluctance to risk even the pleasant change of home for hospital, and often a refusal to do so without the fullest approbation of the physician in charge. The above series of events in the mental history of hospital patients is of frequent occurrence. But, as they say in dramatic phrase, "more of this anon."

HOME TREATMENT OF INSANITY.

UPON the question of the advisability of home treatment in cases of insanity, there must always be a struggle between prudence and affection, between judgment and feeling. The almost universal opinion of the medical profession is in favor of hospital treatment, as a rule, for all recent cases of insanity. The feelings and affections, however, shrink from such a painful separation of the patient from home and friends just when the assiduous care which love inspires seems most needed. From this struggle between the dictates of experience and the promptings of the heart, arises delay, controversy, and hard feeling, which often ruin, at the same time, the patient's chances of recovery, and the peace of the family.

In former times, when insanity was regarded as a "visitation from God," or as a state in which the patient was "possessed of the devil," or was "moon-struck," or "love-cracked," or anything but sick, home treatment was common. The unfortunate lunatic was allowed to wander from place to place, the sport or the terror of children, no attempt ever having been made to restore his reason. If evidently dangerous, or otherwise a nuisance, he was treated, at home, to a cage and a bunch of straw, or, being "furiously mad," was committed to the poor-house, jail, or asylum. But, thanks to Pinel, and Connolly, and other hospital superintendents, to whom, from first to last, we owe nearly all the progress made in the knowledge and humane treatment of insanity, this state of things is entirely changed. *Hospitals* for the medical and moral treatment of the *disease* insanity are numerous in every civilized country, and, though still fulfilling the function of asylums for the chronic insane, and affording protection to the community from insane violence, their new and crowning glory is the humane and efficient *treatment* they afford.

In view, however, of a natural reluctance to consigning the nearest and dearest objects of our affection to prolonged absence and the care of strangers under the most painful circumstances which can afflict a family, it becomes of the utmost importance to determine what exceptions, if any, exist to the rule requiring hospital treatment. This embarrassing question will often present itself to every practising physician, and upon him will fall the responsibility of his advice. It is not strange that at such times special advice should be found desirable by all parties, or that the law should require the certificate of a second physician for admission to hospital.

If insanity was a trifling or a transient ailment, if it did not subject the patient to unpleasant suspicion, even after recovery, if the hospital could be as freely resorted to as in surgical cases, for instance, without exciting painful comment, this question would be less perplexing; the desire to conceal the fact of insanity, or to call it by some softer name, and to explain it away, as if it were something of which to be ashamed, would be less frequent.

Feeling should always hold a subordinate place, since the patient, having lost the use of his own reason, has a right to, and humanity

demands he should have, such treatment as the best judgment of the most experienced physicians of his time and place shall advise. For whatever may be said of the individual's right, in his senses, to choose what is harmful, to reject the useful, and, by neglect of the only means of cure, to commit slow suicide, there is but one course open to his friends and physician, when the responsibility falls on them, viz.: to enforce the use of those means best adapted to save life and restore reason. Neglect to do so is criminal neglect, and cannot be excused by any unprofessional opinion of the necessities of the case, nor by the aversion of the patient himself, nor by the legal opposition to which he sometimes resorts. The question is purely a medical one, and the immense superiority of hospital over home treatment, in most cases, renders its solution comparatively easy.

There is a varying period at the outset of mental diseases, during which the experiment of home treatment may be tried, under competent medical advice; but this period should not be improperly prolonged. It may be availed of to satisfy both the patient and his friends that hospital treatment is demanded, and it is quite common to find a household, strongly opposed to it at first, yielding in a few days to the inexorable logic of events. In cases manifestly *incurable* from the first, home treatment may be pursued as long as safety will permit, or the patient's means allow, remembering that an improved condition and increased comfort may often be obtained in hospital.

General Paralysis with insanity is a form in which this may be attempted. It is incurable, and recovery is not to be looked for in any case. There is also a feeling of content and well-being peculiar to this disease in part of its course, which hospital treatment would not essentially increase. The impaired memory and blunted perception shield the patient from many sources of annoyance which, in more susceptible cases, require a removal from home. A man who believes himself possessed of immense wealth, who thinks his health never was so good before, who, without strength to leave his room or his bed, tells of daily excursions upon business or pleasure, is, in a great measure, independent of his surroundings, and may as well be at home as elsewhere. This reasoning will also work *the other way*. If it is found difficult to prevent attempted excursions into the street, if he is violent and noisy, or the means at his command will not furnish the constant attendance he requires, then, for the same reasons, he is as well off in hospital as at home. The effect of medical treatment is very uncertain with general paralytics, the susceptibility of the whole brain being so impaired as to be very slowly and feebly impressed.

Epileptic Mania may, in some cases, be treated at home, but always under proper advice, since no form of insanity is more dangerous. The disease on which the maniacal excitement depends is practically incurable, and the mania, though likely to recur, is transient. It is also quite amenable to medical treatment. For these reasons, the patient may be cared for at home, under suitable restraint, until it is

found that mania accompanies the convulsive attacks as a rule, or is of so dangerous and outrageous a type as to demand seclusion in hospital. There is always more or less danger in a case of confirmed epilepsy that mania may unexpectedly ensue, and its victim is often possessed, for the time, by a blind fury, which attacks friend or foe indiscriminately. This mania, as we have before remarked, may occur suddenly, and independently of any known, or at least of any recent, convulsive attack, constituting the most common form of transitory mania. It is important to distinguish the epileptic element, when it exists, either as *petit mal*, or masked, or wandering, epilepsy.

Senile Insanity, being incurable, may be treated at home, but it is important to distinguish it from other forms of insanity occurring in old people, and which may sometimes be recovered from. It is desirable to be spared the affliction of leaving an aged and insane relative in the hands of strangers, and yet hospital treatment may be demanded for the comfort and relief of the oldest person, as well as for the safety and peace of the family and the community. Each case should be decided on its own merits, after careful consideration of all its bearings.

Imbecility, moral and intellectual, and dementia, secondary to acute forms of insanity, being permanent states, and the chronic insane of all classes having had a thorough trial of hospital treatment, and being manifestly incurable, may be treated in private when circumstances permit. How seldom they do permit, and how much more suitable, satisfactory, and safe, hospital treatment is for all the above classes, will be considered hereafter.

Of the *curable* forms which justify attempted home treatment, the following are most common: *Insanity* of *Pubescence*, in the female, especially, depending on retarded menstruation, is often transient. It is sometimes marked by hallucinations, delusions, and strange behavior, which yield to proper treatment readily, or at least disappear when the sexual evolution is accomplished. Epilepsy, even, may occur without becoming habitual. The youth and sex of such patients make it peculiarly desirable to avoid hospital treatment if possible. Under judicious management in adapting the patient's surroundings, as much as possible, to the requirements of the case, regulating the moral influences to which she is exposed, and a patient use of the proper remedies, this may be accomplished.

Hysterical Mania may sometimes be treated at home. It generally occurs in females who have been subject, for years, to the nervous phenomena embraced in the term hysteria. There is generally a history of changeable and perverted states of feeling, disordered emotions, and obscure nervous symptoms, such as spasms, pains, tenderness of the spine, strange sensations in throat and chest, dyspepsia, etc., sometimes, though not always, dependant on local uterine disease and disordered menstruation. These symptoms may be complicated by an occasional abuse of stimulants, which the patient uses to the extent of narcotism to allay her distress, thereby aggravating the condition on which it depends.

In the course of such a train of symptoms there may occur an attack of distinct insanity — a mania, largely emotional, but accompanied, for a time, by hallucinations, delirium, and violence. The hysterical irritation (whatever that may be) expends itself on the higher nerve centres, by a sort of transference, as in cases of epileptic mania, and other transformed neuroses — mental symptoms either replacing or accompanying those of ordinary hysteria. Such cases resemble, so much, other forms of mania, as to deceive those unfamiliar with them. I have seen recovery, as far as the mania was concerned, in from three days to six weeks, while the same severity of symptoms, not founded upon hysteria, would entail several months of mental disturbance.

Not all these cases recover thus speedily, but since they often do, when the necessary moral influences can be brought to bear upon them, the attempt may be made to keep them at home. These patients, particularly, should be given up to the physician wholly and without reserve, their surroundings to be regulated according to the exigencies of the case. The great and almost insurmountable difficulty in the home treatment of this and other forms of insanity, arises from the well-meant, but harmful, influence of the family and friends.

Hysterical mania profoundly affects the emotional and moral nature, leading to all sorts of strange manifestations of mind, just as hysteria affects the body with strange sensations and symptoms. There is a tendency to exaggeration, and an intense craving for sympathy, which leads the patient to rehearse the story of her suffering with new embellishments and demonstrations to each newcomer. A change of nurses or physician is equivalent to a relapse simply for this reason. Emotion, especially when disordered and unhealthy, feeds on sympathy, and grows by what it feeds on; hence the need of restrictions in the matter of intercourse with friends.

The physician who undertakes to contend with this disease should not be hampered by the experimental intrusion of kind, but mistaken, sympathizers. He should not be destitute of sympathy himself for so terrible an infliction, but he should be allowed to regulate this most powerful moral element in the treatment according to his own judgment, otherwise he will utterly fail. He himself needs the moral support of the family, or he will be unable to control the patient. By disuse, the emotions subside into normal channels, self-control is re-established, and reason resumes its interrupted sway; not always completely, as there may remain a condition of calmness, with permanent moral obliquity, in which the patient denies her previous insanity, puts a false construction and coloring on the facts of her sickness, or even *lies* outright, resents the constraint put upon her actions, and prejudices her friends and family against those who may have excited her ill-will by necessary opposition to her wishes. In such cases, virtue must be its own reward. Friends too often lend a willing ear to her misrepresentations, and the physician becomes resolved never to undertake another case of hysterical mania.

Mild forms of *Puerperal Mania* are sometimes treated at home with success. They depend on a condition of debility and exhaustion which may be removed by careful treatment when no strong hereditary tendency exists. There is, however, great danger of relapse, and, in the convalescent stage, such patients need most the protection of hospital surroundings. Some imprudence is sure to be committed, by which months of mental suffering, if not permanent insanity, is induced.

Simple Melancholia, of a mild type, due to nervous exhaustion, may sometimes be carried through at home, especially if the resources afforded by change of scene be added. In well-selected cases, travel is a valuable adjuvant to treatment; it affords mental refreshment of a useful character when the patient is not too depressed to respond to this kind of stimulation. It corrects bad states of bodily health, which may be at the foundation of the mental trouble. Fresh air, exercise, new and varied diet, promote sleep and improve the physical condition, while the mind is pleasantly excited by new interests, and the thoughts directed from the well-worn and painfully sensitive *ruts* of business or domestic cares, into new and healthy channels.

Travel is, however, too often recommended indiscriminately in all forms and every stage of mental disease. It is advised when the patient is unable to respond to its pleasant excitation, by reason of his mental preoccupation, and when he needs, rather, quiet, and medical attention. Nothing is more sad than to see a forlorn and dispirited patient dragged from city to city, or crossing the sea, and enduring all the fatigue and annoyance of foreign sight-seeing, in search of that rest and peace of mind which he could have found in a few weeks at the nearest hospital.

Another fashionable prescription is "quiet, and country air"; which, being good things in their way, are too often thought to have a specific influence in the cure of mental disease. Here everything depends on a proper selection of cases. When rest alone is needed to restore the mental tone, when there is a *resiliency* in the brain sufficient to restore, at once, its healthy action, when the weight of business or domestic care is removed, the patient may be benefited in this way. But too often the patient takes the responsibility of his own case with him, is thrown on his own resources, and lacks the moral support he might find in other surroundings. The *ennui* of country life is often insupportable, and tends to increase the existing depression.

In hospital, the consciousness of a sustained attempt at cure, the daily medical supervision and encouragement, the presence of similar cases happily progressing towards recovery, the adaptation of the daily life to the patient's varying necessities, the rational treatment or explanation of trivial symptoms which alarm the patient as they arise, all tend unconsciously to sustain hope and keep alive the patient's feeble and irregular struggle towards recovery. I have often had occasion to say of these mild cases of depression, "'Tis a pity this patient is not worse, for she would then

be sent to hospital, and would certainly recover." The danger of suicide, in the mildest cases, is another argument for hospital treatment.

Climacteric Insanity in females, if distinctly dependant on the "turn of life," may sometimes prove transient, and pass away, under suitable treatment, at home. It often happens, however, that a permanent failure of the mental powers begins at this time, and it is unsafe, without the most careful consideration, to predict a recovery at the close of this period. In men, an indefinite term of ill-health and depression often occurs about the age of sixty, depending on a variety of causes. The waning powers of life, disappointed ambition or business losses, the reaction from that overstrain which men in active life endure, till, warned by advancing years, they retire too suddenly, concur in producing a state of depression and *ennui*, which may amount to actual insanity. Men who have lived and worked as if life had no end, on its near approach cannot conform their mental habits to its calm anticipation. A period of mental disturbance at this time may be the precursor of senile dementia in persons predisposed to insanity. On the other hand, after a longer or shorter interval the exhausted mental powers are recruited, and their operations gradually readjusted to new interests and occupations, and the patient lives out his days in cheerfulness and comfort.

HOSPITAL TREATMENT FOR THE INSANE.

SOCIAL Science, or the "philosophy of philanthropy," as some of its cultivators choose to call it, comprises a few truths, and many crude theories, and unsolved problems, relating to the complex civilization of our day. It has, of course, busied itself with the question of the proper disposition of the insane. This subject has been discussed in the large way, and at arm's length, by professional philanthropists, and by amateurs. But however valuable such discussion of this many-sided subject may eventually prove, the facts so far elicited do not warrant a reversal of former methods, by the abolition of hospitals, or experiments on the grand scale, in the treatment of recent insanity. However safe such experiments might be with a few of the harmless chronic insane, they could not but prove hazardous in the majority of cases.

The interests of the insane in this vicinity have suffered, and still suffer, cruelly, from the theorizing tendency of certain well-meaning gentlemen, whose views have been used to prevent much-needed hospital improvements. Their conclusions are drawn too much from observations made in mass, in asylums containing many chronic insane. A practical knowledge of insanity as a *discase* of the brain, with its prospects of cure under different methods of treatment, is absolutely essential to correct conclusions. And this practical knowledge must be acquired by a large experience in the actual care of the insane. Nothing short of this is of much value. Nor this, unless continued through what may be termed the *sophomore* stage, where some hopelessly remain for life. The observation of a single case from onset to complete recovery often requires several years. It is beyond question that the insane, both here and in England especially, have suffered much from delayed treatment, due to pseudo-scientific doubts and theories, which have led to popular misunderstanding, prevented hospital improvements, and induced overcrowding, increased difficulties of admission, and premature discharges.

The standpoint proper to us, as friends to the insane *individual*, should command a nearer view. We wish to know what to do with our insane parent, wife, husband, brother, or sister. Social Science may inform us that the congregate system is bad; that dissemination should be the rule; that they do these things better at Gheel, or Jamaica; that "free air" and family influences are the panacea for insanity. It is forgotten that the disease has made its appearance in the midst of the usual social surroundings. Each patient has had free air and the benefit of family influences up to the time of becoming insane, and they have exerted no preventive tendency. It is found that congregation for a time, at least, is beneficial to the blind, the deaf and dumb, and the feeble-minded, who are not the subjects of a disease requiring treatment, but simply of a permanent defect. Dissemination does not cure intemperance, or prevent insanity, pauperism, or crime. There is no resource upon this theory but to conclude that some change to freer air and new domestic surroundings

will prove useful. Hence one source of the current belief in the efficacy of "quiet and country air," which, however desirable for the general health, has no *specific* effect upon insanity.

Prejudice against hospitals arises from a less reputable source, when it is the offspring of ignorance, suspicion, jealousy, and love of sensation. The ignorance of what constitutes insanity, and of its subtile ways, leads many to believe the plausible stories of those who have been, and still are, insane and unreliable, and who find a ready market for their distorted recollections, exaggerations, and lies. It is inconceivable by many who know nothing of insane delusion, or of that form of mental disorder, often purely emotional, which dulls the fine edge of the moral sense, that the deliberate statement of an apparently sane and conscientious person may be a tissue of falsehood. But the physician who deals with mental and nervous disorders often meets this kind of lying in unsuspected quarters, and, strange to say, most frequently in naturally conscientious persons of the more scrupulous sex. It is a curious fact, that the public are ready to believe the most improbable stories of corruption, conspiracy, and crime against parties in good standing and responsible positions, rather than doubt the accuracy or veracity of some insane pamphleteer.

The public being very properly excluded from hospitals devoted to the care of the insane, and much that is out of the common course occurring therein, suspicion breeds out of ignorance a thousand horrors. In one particular it is easy to show how mistaken public opinion is. In the matter of visiting patients, it is generally supposed that the majority receive no visitors, while the facts are, in respect to the hospitals in this vicinity at least, that seldom more than from three to five per cent. are so restricted, and often, for a time, *no* patient is prohibited from seeing some friend or relative. Jealousy, however, on the part of some members of a family, arising from their necessary exclusion from the care of one dear to them, or hard feeling due to differences of opinion concerning the necessity for hospital restraint, is quite common. These causes, and the irksome regulations incident to hospital life, in the matter of times and seasons for visiting, and the like, create in some ill-balanced minds a strong tendency to fault-finding and abuse.

Sensationalism, too, is largely answerable for the current prejudice against hospitals. Out of such rare accidents as sometimes happen in the attempt to control the violently insane; instances equally rare of severity at the hands of some unsuitable nurse; traditions of the cruelties of a past generation; unfounded tales of sane persons shut up as insane for a wicked purpose; with a large allowance of pure invention, Charles Reade, and other reportorial novelists, have succeeded in making a sensation — and money thereby. A distinguished alienist, when asked if he had read a certain book of the above character, innocently asked: "Is it a *scientific* book?"

Such suspicions and prejudices as we have mentioned are most current among inexperienced and irresponsible lookers-on and advisers. Responsibility for the proper disposal of a case in hand

stimulates common sense to the extent of an appeal to some one practically acquainted with the various phases of mental disease. The right thing is done tardily and under protest, but, in most cases, the necessities of the case prevail, and the patient is committed to a suitable hospital. In chronic, or incurable, cases, the circumstances of the family determine the question, since the presence of an insane member involves an outlay of time or expense, which interferes with its capacity for self-support.

Insanity differs from ordinary diseases in the fact that it affects, permanently, that part of the brain responsible for judgment, feeling, and action. The self-control is impaired, or the reason distorted, in every case, and a skilfully-regulated restraint is the first essential for treatment. This may, in favorable cases, be exercised at home, but is most easily applied and adapted to the wants of each patient in a well-arranged hospital. Here are combined the restraining influences of new surroundings, new acquaintances, and modes of life. A habit of acquiescence in the physician's authority on the part of all, sane and insane, and a routine which carries the patient along insensibly in a prescribed course. It is easy to submit to regulations seen to be necessary, or at least inevitable; and there is less temptation than at home to experiment upon the good-nature and yielding disposition of inexperienced nurses and friends. The risk of *relapse*, in the stage of convalescence, is, above all, greatly diminished.

The brain, in insanity, needs rest, as much as a broken limb. Sometimes it needs rest as a whole, sometimes only in those parts most susceptible to painful activity. To some, the hospital is, for the time, a mental fracture-box and splint. The problem is to diminish the cerebral waste to a minimum, and to carry cerebral nutrition to a maximum. To others, and at times to all, it should be a mental gymnasium, affording regulated exercise to the mind in directions where strength and development are required, and resting those faculties which, having been overworked, should lie fallow for a time. The manifestations of insanity usually concern the affairs of every-day life, of business or the family. The disturbed feelings and the delusions are in intimate relation with the persons and things the patient has been daily accustomed to see. The brain has literally been worn into ruts, and the ideas run in tender channels. Certain series of nerve-cells have been overused and are exhausted, while others have been disused. Here the first and only thing to do is to remove the patient from all association with those things which excite mental activity in these accustomed directions. "Out of sight, out of mind," is true in a physiological, though partial, sense, and absence will prove, in almost every instance, the first step to recovery. This absence from customary scenes, and non-intercourse with familiar persons, must be more or less protracted and complete, according to the necessities of the individual case.

In acute general insanity, the patient must often be for a time isolated from all society, conversation prohibited, and only the occasional and necessary attendance of the nurse allowed. The action

of sleep-producing medicines is thus aided, and exhaustion from constant talking and motion prevented. The mind will act in solitude, but less harmfully in this stage, than if excited by the presence of others. After a varying period of cerebral rest and nourishment, the mind may be safely led into new regions of activity, and new sights, sounds, and interests presented, as the strength permits, until convalescence ensues. The brain is thus gradually strengthened to bear a return to the old and formerly exciting associations of home and business relations. Nothing in the treatment of the insane requires so much experience and skill as this sort of moral management, and it is needless to observe how difficult it is to carry it on outside of a hospital, since the danger is greatest in the convalescent stage, just when the apparently rational patient is most self-confident, and his friends most importunate. If, for instance, a shocking piece of news is to be communicated, it is wiser to do it in the earlier stages, than to wait till later, when a relapse would very likely be induced. If physicians in charge of the insane sometimes err from excess of caution, it is to be commended, since the real danger lies in the other direction.

It is a common mistake to attribute the discontent of certain patients to the nature of their surroundings,—to the horrible sights and sounds they are supposed constantly to experience, and above all, to the bolts and bars, of which one hears vastly more *outside* of the hospital than inside. There is a natural discontent, which does not surpass the bounds of reason; but it is a very different thing from that fretful impatience at continued restraint, which accompanies the early convalescent stage, in most cases, or which may be present from the first. The patient was no happier or better contented at home, and was under more irksome restraint; it may be, a prisoner in his own house. He was irritable, restless, impatient and unhappy, as the result of his disease, and it is not to be expected he will become at once resigned to a position which affords him such an admirable pretence of grievance. To grumble is human, and this trait of humanity is liable to be exaggerated by mental disease.

If too excited or depressed to care much for his surroundings at first, as convalescence begins it is natural for him to think himself well, as soon as he becomes conscious of returning reason. He cannot estimate his own mental strength, nor the dangers of testing it too soon, any better than, nor as well as, the fever patient his physical strength. If the discontent at this period were not due to weakness and want of judgment, we should expect it to continue, and strengthen with continued detention; whereas, the constant experience in every hospital is that patients, as they grow better and stronger, take more rational views of their situation, realize the state they have been in, and know that their whole future depends on caution at this period. A natural desire to be at home remains, but above all things they hope for a permanent recovery, and, to the surprise of friends, cease to importune them, or even refuse to be removed against advice.

Insanity is essentially a chronic disease, and, like all such, does

not tend to recovery without patient and continued treatment. In cases of long standing the rate of progress is slow, and the irritable stage may last for months. How hard it is for friends to understand this, in some cases, every hospital physician can testify. It seems to them as if the only obstacle to the patient's complete recovery was the hospital itself!

Take a case, unusual in point of duration, but of very common occurrence, in respect to the succession of events, as an illustration: A lady gradually sinks into a state of settled melancholy, and, after a year wasted in experiments, is sent to a hospital in as miserable a plight as is possible in this fearful disease. There is no cessation while waking from the terrible gnawing anguish at the heart, and the time is passed in tears and groaning, until dress after dress is worn away in constant chafing at the seat of distress. A year and a half also wears away, and, under continued medical treatment, the brain begins to resume its healthy action. The fancied ills vanish, the clouds lift, the load lightens, and convalescence is established. Now is certainly the time, think her friends, to hasten returning health by the cheering influences of home. Forgetting the *disease* on which all this misery depended, and disregarding advice, she is removed, and at once sinks into her old condition of constant mental agony, and to her despair is added the sense of opportunity wasted, and time lost never to be regained. A year or two passes, and hospital treatment is again resorted to, with a promise to pursue it steadily, if it takes five years for recovery. Under constant medical treatment the uphill road is again climbed, and, in a year and a half more, the stage of convalescence is regained. Again comes impatience at further detention, and it is only with difficulty that the formerly well-nigh fatal mistake is prevented. At the end of two years, however, and five years after the first attempt at treatment, this patient goes home *cured*. She is well, and grateful, and happy, taking her place in her family and in society, so long vacant, and still retaining it after the lapse of four or five years.

In some unfortunate cases the irritable stage is never passed. The mind does not recover sufficient tone to take a healthy view of its past condition, or its true relations to hospital surroundings. This may be due to its original constitution, since certain temperaments lead unconsciously to an exaggeration of annoyances, and an uncomfortable or dark view of things in general. More commonly this stage becomes chronic from a suspension of treatment, and premature discharge. The patient leaves hospital before he has had time to establish healthy relations, and ever after reviews his experience with distempered vision. His recollections are but the revival of impressions made when his mind was unfitted for discrimination, by emotional or intellectual disease. Hence he is unconsciously an unsafe, unreliable, and often very unjust witness, however honest and well-meaning he may appear.

If, in addition, as occasionally happens, the patient has not been able to realize fully the fact of his own insanity, and feels aggrieved

at his restraint, or assumes a philanthropic mission in behalf of his companions, there are few lengths of misstatement and plausible misrepresentation to which he may not go. Scandalous newspaper articles may be written, courts appealed to, and legislatures lobbied in the interests of the oppressed insane. Such appeals catch the public ear, and create a sentiment very harmful to the true interests of the class they are intended to benefit.

HOSPITALS AND ASYLUMS FOR THE INSANE.

TWO functions are fulfilled by most institutions for the insane, viz.: that of an hospital for the relief or cure of insanity, and of an asylum for the care and custody of the incurable, helpless and dangerous. It has so far been generally found expedient to unite these functions, which are after all not so essentially different, since it is very difficult to draw the line between the curable and the incurable, the harmless and the dangerous. Most cases, too, of confirmed and hopeless insanity, are relieved and improved by proper treatment, medical and moral. The relief and cure of disease being of the first importance, the hospital idea should predominate. How far it is advisable to separate the curable from the chronic insane, is a question of much importance, which has been carefully considered of late years.

What, in the first place, does experience and common sense prove to be essential to hospital treatment? That most cases of insanity must continue to be treated away from home, and in some special institution fitted for the purpose, does not admit of question. This special residence should have, as a matter of course, all the ordinary requisites for the promotion and preservation of health: such as quiet, cheerful surroundings, good drainage, plenty of air and sunlight, water, an equable temperature, and at least one thousand cubic feet of air hourly to a patient. These the commonest humanity demand as essential, and the public is bound in justice, if not by law, to supply.

In all civilized countries, each county, district, province, and large city has its hospital in some central and convenient location. It is generally to be found in the midst of an enclosure of cultivated land, of from one hundred to five hundred or more acres. Here the facilities for walking, driving, working and living in the midst of those rural surroundings, supposed to be most healthful and natural, are provided. The farm, moreover, furnishes those fresh supplies which give relish to a routine diet, and utilizes the labor of patients, to their own and the public advantage.

Such hospital farms in New England have generally proved remunerative, both directly and indirectly. In Massachusetts, the three State hospitals have large farms attached. The McLean Asylum at Somerville has found its small one profitable on *paid* labor entirely, while the Boston Hospital for the Insane, at South Boston, makes the most of its *three acres*, and would cease to exist as an hospital without them. If its two hundred and fifty patients were trees, there would not be room in the grounds to set them out!

The first special and peculiar requisite for a hospital for the insane, is some method of security against escape and accident; and as constant superversion is manifestly impossible, window bars and locked doors are a necessity. Not that "*all* patients are considered suicidal" or dangerous, or likely to escape. To many the cordon of *moral*

influences is more efficient restraint than bolts or bars. It is the knowledge that their condition necessitates, or will certainly result in recommitment, which restrains the reasoning portion of the insane; while with the more deluded and demented, if they complain at all, it is of their wicked relatives, and the corrupt physicians or judge, and not of the material means of restraint. There may be a patient, now and then, sentimental enough to arraign the innocent locks and window bars, but most are too sensible or too dull for that. The novelty of hospital surroundings in this respect soon wears off, and those most likely to be disturbed by these physical evidences of restraint are well enough aware that something beyond them is the cause of their detention.

The second requisite peculiar and essential to an hospital for the insane consists in facilities for distinct and independent classification. Every hospital requires from six to eight wards for each sex; each ward consisting in a suite of apartments separate from all others. Its inmates, from fifteen to twenty in number, should constitute a family, having sleeping, dining, bathing and parlor accommodations of its own. It has been customary to unite these families under one large roof, for the sake of economy and convenience. It is getting to be thought proper in some quarters to provide a few *detached* wards, in the shape of cottages, in the asylum grounds. The farm-houses found on the new hospital site at Worcester have been utilized in this way, and there is no harm in it. Perhaps a certain good moral effect may be gained, in some cases. There is, however, no new principle involved, and the advantages and economy of the arrangement are still matter of experiment.

Classification in the democratic public hospitals of our country does not follow the lines of social caste or financial standing to any great extent. All hospitals contain the rich and the poor, the intelligent and ignorant. In the Western States, the hospitals are *free* to all. When, as is seldom the case, an incorporated asylum, like the McLean, at Somerville, exists, it is made the resort of the more wealthy classes. There are in some States distinct establishments for the criminal insane, for the chronic insane, and for inebriates. Hospitals also vary in character with their constituencies, and natives or foreigners, country people or city people, may preponderate.

Neither does classification follow the special forms of disease, except in a general way. A patient's position in the scale of hospital life is an arbitrary matter, often changing with the fluctuations of disease, and to be determined at the time, and for each case, by the judgment of the physician. The noisy and disorderly insane are usually assigned to special wards, at a distance from those they would be likely to disturb. For light, air, neatness and sweetness, these "worst" or "excited" wards should be the best in the house. Here the acute stage of mania is to be passed, and facilities for the care of the very sick and excited, but curable cases, must here be provided.

At the McLean Asylum, for instance, these wards are quite new, and are therefore the pleasantest, best ventilated, and have the most

complete appliances for treatment. At the Boston Hospital for the Insane, at South Boston, the two hundred and fifty patients are distributed in six wards; three for each sex only. The lowest and darkest of these wards is necessarily allotted to the above class, and contains about fifty insane inmates. These noisy and sometimes turbulent patients are here obliged to live, eat and sleep, in quarters so crowded as to peril health and life. How, then, can the curable insane be expected to recover? I allude to the deficiencies of this institution with a feeling of indignation at the apathy which exists regarding its necessities.

The more quiet and demented patients are properly classed together, and different grades of dementia find different levels Certain cases of mild or chronic mania, and the epileptic or paralytic, may furnish a basis for other classes. The sick need an infirmary; the weak, nervous and depressed, a quiet retreat, and convalescents a temporary home. A hospital which does not provide accommodations for all these classes, with room enough to allow for the temporary excess of one class over another, is fatally deficient. If, with only six wards containing from thirty to fifty patients each, no provision for separate dining rooms, or reception rooms for visitors, is made, it is easy to see how little semblance of classification remains.

Fifteen to twenty in a ward gives variety enough to favor a choice of companionship, and larger numbers create confusion, and are more likely to bring together objectionable associates. The favorable influence of promotion in the hospital scale, is one of the most powerful moral aids to treatment. The sight of others with the same form of disease, progressing favorably towards recovery through its various stages, demonstrates to a new-comer the possibility of his own cure.

The necessity for classification is also shown when some objectionable patient spoils all chance of harmony by a persistently irritable, malicious, and fault-finding disposition. A removal to wards less agreeable, where such conduct will annoy no one, is a necessary mode of discipline. Upon this alone the physician depends to keep his numerous family in order. The patient is made to feel his dependence, for special advantages and privileges, upon his own good behavior, and this proves an incentive to the very dullest minds. The gradations should, however, not be too abrupt, since each patient seems to do best in society *not too much* above his own mental level. Attempts to force improvement by too sudden and radical changes, are very apt to end in relapse. For a convalescent patient, the self-restraint and propriety of conduct which the society of the best ward imposes, is sometimes as bad, and has the same effect, as a premature discharge.

On account of the necessity for prolonged residence of the insane in hospitals, and their partial capacity for work and recreation, various forms of employment, amusement, and exercise are essential. These advantages are furnished to some extent in all hospitals, and their importance is recognized by all who have to deal practically with the insane. For males, the varied duties of the farm and garden

are best suited to the needs and capacities of the majority. In most public hospitals a few skilled persons are found, who make themselves useful in the paint shop, or the carpenter's shop, and who in their leisure hours produce fine specimens of wood-carving, nice joinery, or turned ware. Now and then, an artist or photographer, or writer, turns out articles of value. In large hospitals abroad, the Glasgow Royal, for instance, workshops of various kinds furnish employment to the patients, who supply the institution with clothing, shoes, bread, brooms, mats, etc.

Female patients, as a rule, have fewer resources for occupation than males, but are more accustomed to the quiet of an in-door life. For those whose prejudices and social position do not interfere, household duties in the wards, sewing-room, laundry or kitchen, furnish partial employment. Needlework is always at hand, and can generally be availed of. In some hospitals, the McLean Asylum, for instance, systematic instruction is given in music and the modern languages. In the Dublin Asylum is found a school-room, with a corps of teachers and regular sessions. Much attention is paid to object-teaching, for the ignorant or demented.

Amusements are everywhere considered essential to enliven the mind, and divert the morbid currents of thought into healthy channels. In most hospitals are found organs, pianos, books, birds, flowers, pictures, billiard tables, bowling alleys, chess tables, and all the minor games; libraries, magazines, papers, lectures, cabinets, and magic lanterns are common. An amusement-room, with a small stage for theatricals, concerts, lectures and parties, is now thought to be almost as essential as a chapel; and when it cannot be had, our liberal notions in this country do not forbid putting the latter to secular uses. In England, when the chapel is sometimes a *church*, costing forty thousand dollars, this is not allowed.

These measures for the moral treatment of insanity are coming to be more and more valued and appreciated. Take, for a familiar instance, the hospital at South Boston, already alluded to. Having no farm, no grounds for walking and driving, no conveniences for work in-doors, being over-crowded and uncomfortable, amusements have been more and more resorted to as a means of relief and offset to these serious defects. In this hospital are to be found all the resources for amusement mentioned, but with little room for their proper use and enjoyment. Parties for the more rational of each sex are given on every day which can possibly be construed into a holiday. The festivities on Christmas and Fourth of July are unusually elaborate, and on a very generous scale,—thanks to an enlightened board of trustees. Excellent music is provided for these parties, and the programme includes, at different times, concerts by gentlemen and ladies from town, who volunteer their services; private theatricals and tableaux, by inmates and interested friends; magic lantern exhibitions, legerdemain, Punch and Judy, and usually dancing and refreshments.

On Washington's Birthday occurs a *reunion* of former patients, who are present in considerable numbers. During the winter,

tickets to the various courses of lectures, to concerts, theatres, and fairs, are provided, and parties attend regularly. In summer, by great good fortune, the city steamer is available for excursions, and frequent trips are made to all points of interest in the harbor and bay. A band of music usually attends. Former patients or inmates of the McLean or Blind Asylums are invited, and refreshments provided. More than half the inmates of the hospital are sometimes on board at once. These special advantages, however valuable in promoting a healthy tone of feeling, and restoring mental health, do not, and cannot, be made to compensate for the absence of other essentials for hospital treatment.

The increase of insanity, from growth of population and other causes, has of late years suggested the possibility of more economical provision for the chronic insane. In this State, at Tewksbury, is to be found an asylum for this class of incurables, to which patients are transferred from the State hospitals. While deprecating that economy which consists in depriving the insane of any possible comfort, it must be admitted that something may be saved in this way, without serious danger to the patient's life. This plan has, however, some objections, which arise from the difficulty of deciding in every case who are *incurable*, and there is danger that a patient may now and then lose his chance of recovery through a cessation of effort. The moral effect on some patients of a transfer which stamps their condition as *hopeless*, must be more or less harmful and depressing. There is in such an asylum a tendency to mental deterioration, which is to some extent resisted in a properly equipped hospital, where the classification does not so much take into account the curability of the patient as his capacity to appreciate his surroundings, and his ability to conduct himself with propriety in the society in which he is placed. These are weighty objections in the minds of all alienists; but if the State cannot afford hospital privileges to all, the curable and the recent cases must, of course, take precedence. If such institutions must exist, it would be better to build them within the grounds of some hospital.

Another method has been in practice for several years in Scotland, for the disposition of this class. About fifteen hundred insane are boarded at low rates, with the peasantry of small villages. The results of this experiment are not brilliant, from a financial point of view even, and the saving that is thus effected is at the expense of those advantages which give the hospital its character. The system differs but little from the one formerly in vogue here, of "*farming out*" the poor to the lowest bidder. The price is fixed, but at so low a figure that the patient's labor is necessary to make his employer whole. The inefficiency of the insane laborer must, at times of sickness especially, lead to scanty fare, neglect, or rough usuage. It is impossible that the ignorant or shiftless peasantry, who would be most likely to consent to eke out a living by insane boarders, should exercise a control always kind and judicious. The certain tendency is to save as much from his board, and get as much work from the patient, as possible.

As an actual fact, the patients themselves prefer the hospital. The society and variety of hospital life, dull as it may seem to lookers-on, is less wearisome than the monotony of existence in a distant hamlet, with no resources for amusement or mental recreation. The "free air" has no more oxygen than the air of the hospital grounds, and is a poor offset to the loss of hospital advantages, since most patients know well enough that they are *kept* in the village as in the asylum. It is the moral restraint which is felt, after all. Abuses have been found to exist, growing out of the low rate of board, the enforced labor, the ignorance or selfishness of guardians, the absence of adequate supervision and skilled medical observation. The freedom of association between the two sexes has also its dangers. Recent and curable cases sometimes find their way to these colonies, where they lapse into chronic insanity, or are sent to hospital with diminished chances of recovery.

The colony system, however, finds its great ante-type in Gheel. To this remote village, in Belgium, have been sent for centuries the insane of various kinds, in accordance with the superstition that a certain shrine was efficient in the cure of mental diseases. The history of this unique colony does not encourage the attempt to imitate it, although the abuses, which had formerly been so flagrant, have been diminished by the recent interference of the Belgian Government. Now, by carefully excluding all objectionable cases, establishing a central hospital, extending and improving the police department, and providing for regular medical visitations, it is kept in tolerable order. The condition of the patients is such, however, as would not be tolerated in a well-managed hospital, either by its officers or the public. Take the free use of leg-fetters which prevails, to keep the men and women in the fields from running away, or the entire absence of bathing facilities, and fancy the storm of indignation from the press which would, in New England, deluge a hospital so situated.

Want of proper medical supervision is a defect almost necessarily incident to the colony system. Chronic insanity is a disease which is seldom stationary, though its rate of progress may be slow. It is subject to fluctuations and changes, which in the interest of the patient should be foreseen, and prevented or controlled. Dangerous attacks often occur which watchfulness would easily prevent. A patient, sent as harmless and incurable to the asylum at Tewksbury, and from thence to the almshouse, on account of overcrowding, two years ago, stabbed an officer, inflicting serious and permanent injury. The horrible murders by insane people, at which the public are momentarily astonished, are often committed by the inoffensive chronic insane under a transient excitement, which might have been easily warded off. Every physician in an asylum knows how much of his attention is required in the management of the chronic insane. They need constant and skilful supervision. In hospital, they may be kept in a state of tolerable order and comfort; but left to themselves, they almost invariably get into trouble.

As soon as the condition of colony patients is made to approximate

the hospital standard of comfort, the expense rises, and defeats the most valuable feature of this system. There is little danger of its taking root here. It may hold its own in Belgium, by right of long possession, but it is an experiment at the expense of the patient in Scotland. The country people of New England would not take kindly to it, and Yankee legislators would be unable to see how one hundred men could be fed, warmed, and lodged under fifty roofs so cheaply as under one. They would also fail to see how insane labor could be utilized to any better advantage by individuals than by the State.

It is possible, however, the cottage system may become more or less fashionable. Cottages, constituting small detached wards, situated in the grounds of the hospital, near enough for convenient daily visitation, may be found useful for certain mild or convalescent cases. The air of freedom which such cottages might be made to show would certainly please the friends of patients, and prove attractive at the outset to the patients themselves. No doubt many of the insane *could* be taken care of in this way, but it is doubtful if the expense would be much diminished, or the proportion of recoveries visibly increased.

MEDICO-LEGAL ASPECT OF INSANITY.

INSANITY is many-sided, and so more fruitful of disputes than the fabled shield of gold and silver. It as surely incites to strife those who approach it from opposite directions. Its social bearings interest particularly the philanthropist, and its purely mental phenomena the metaphysician. To the alienist it is a disease of the brain, to the lawyer a convenient plea, and to court and jury, too often, a stumbling-block and rock of offence. To the family smitten by it, insanity is a mysterious infliction, a source of distress and despair, a terror by night, a skeleton in the closet, a heartache, a bone of contention, and a disgrace. In the eyes of the general public it is equally mysterious and misunderstood. To the sensational reporter, a fit theme to conjure his thousand and one tales upon, whereby to save his neck from the editorial bow-string.

Each observer is too apt to look at this subject from his own point of view alone; to build theories only on what he sees; to discard the experience which has taken time to walk around the shield, and to hotly contend for the absolute truth of his particular opinions. The reader will probably say, "Who can we trust in this matter?" I reply, unhesitatingly, "Those who have been the most intimately associated with the largest number of the insane, and for the longest time." I set these men above all theorists whatever. Medical experience is just as valuable here as elsewhere, and there is no occasion for suspicion or jealousy, because, in the nature of things, this intimate acquaintance with insanity falls to the lot of a few. Common sense and common honesty are as frequent among practical alienists as among other classes of men. Their opportunities are not so partial and one-sided as they seem. They become thoroughly acquainted with the life-history of each patient, and of his ancestors. They follow the careers of all kinds of men, from the genius to the criminal, which afford points of psychological interest. They experiment continually in home treatment, in travel, in "free air," and early discharges. The plans which social science has just evolved from its inner consciousness they have tried, and have seen tried, in two-thirds of their patients.

But the legal point of view lacks all such advantages. The fact of the existence of mental disease must be obtained at second-hand in most cases, the time and chance of becoming acquainted with insanity in court being of small value. The law touches a patient here and there only, and, by the light of partial evidence, shows his *acts* in bold relief, but leaves the disease from which they spring in shadow. The evidence which satisfies the experienced physician of disease is not legal evidence, any more than the latter is mathematical evidence; and yet the physician, the judge, and the mathematician may be equally convinced, each in his own way.

In the region of acts and motives, as they are related in the sane mind, the legal profession has the advantage, perhaps, at least as far as such acts are criminal, but the practical alienist deals no less

with the same acts performed from insane motives. A man steals cunningly, and hides the theft. He steals what profits him, perhaps, and yet the inferred motive of the court may do him injustice. His physician knows he is as irresponsible as a child. Insanity presents many difficult problems, and modesty is becoming in all who deal with a subject so obscure and perplexing. But it is too often the fashion to sneer at medical evidence in questions of insanity. It may sometimes be contradictory, as the decisions of courts so often are. Even doctors of the same amount of experience may differ, but more seldom than is often supposed. The kind of experience is of importance. One expert may never have seen a satisfactory case of transitory mania, or he may doubt its existence on theoretical grounds, but truth and safety may come out of honest evidence, however inconsistent. A sincere conviction, decently expressed, founded on experience, is entitled to respect. If medical evidence is valueless, none other is of much worth.

The law is pre-eminently conservative; it crystallizes slowly out of the solution of public opinion, and redissolves still more slowly under new solvents. The law suits best the strongly-marked and typical cases of general insanity, and does not fit certain newly-distinguished, but well-marked, forms of partial insanity. Like armor, it is too inflexible to adapt itself to the nicer gradations which exist in nature. It is a thing of joints and hinges, a mechanical and arbitrary appliance, while each case of insanity is a living growth.

English law does not, and until recently English courts have not, recognized the existence of moral insanity. The presence of delusion even has been allowed little weight unless its bearing upon the crime could be shown. If the prisoner knew abstractly right from wrong at the time of the act, he was, and generally is, held responsible, both here and in England. In isolated cases, however, account is now made of partial or modified responsibility, and of moral or emotional insanity. Transitory mania, even, is sometimes allowed to excuse the criminal, though its existence is still questioned by some alienists.

The term moral insanity was used by Pritchard to designate all cases of insanity affecting the emotional, in contradistinction from the intellectual, nature. By abuse it has been limited to such as are characterized by perversity, vicious propensities, or criminal impulses, and in this sense it has been denounced as a fiction of the medical brain, unfounded in fact, and pernicious in tendency. The term is objectionable, since it is not an equivalent in its common acceptation for disorders of the emotional nature. A better name, and one in use, is Affective Insanity.

Still, all reluctance to recognize these forms of mental disorder not directly affecting the intellect, is not dependent on the name. That a man of calm exterior, in full possession of his usual conversational powers, of sound memory, his capacity for business apparently unaffected, and, to a superficial observer, in his usual frame and disposition of mind, may not be responsible for a crime he has

committed, is a startling proposition. It is hard to acknowledge the existence of disease whose manifestations so closely resemble crime.

When the sympathies of court, lawyers, and jury are strongly appealed to, as in the well-known Mary Harris case, acquittal is easy. But let the defendant be poor, unknown, or perhaps vicious and repulsive, and his life depends on such weight as may be allowed to medical evidence, founded, too often, on insufficient opportunity for examination. It is noticeable, too, how differently public sympathy runs in different cases. If the diseased impulse results in suicide, apologists are numerous. It is then seen how much may be stirring under the surface, and how hard it is to fathom the undercurrents of the individual mind. It is seen how superficial are those social disguises which veil the real feelings and deceive the nearest friends. It is seen with what power the semi-conscious automatic operations of mind assert themselves when its balance is disturbed by disease.

If, however, the same train of hidden causes eventuate in some act of violence or murder, public prejudice is sure to set the other way.

It is to be regretted that in the examination of obscure cases we have no crucial tests, but must depend for our knowledge of insanity, at the time of the outbreak, upon ignorant and unobserving witnesses. As to the actual condition at the time of examination, many things tend to obscure the truth. Under close examination some cases of seemingly pure insane impulses prove dependent on a latent insanity of long standing. It is this fact which makes it seem probable to some that all cases of impulsive insane acts depend on disease of considerable duration. Practically the law has often to deal with isolated acts of impulsive insanity, the evidence of underlying disease being matter of inference rather than of evidence.

There is a form of moral insanity occurring in the young, and dependent on hereditary weakness or infantile disease. It is manifested by a tendency to mischievous, cruel, vicious, or criminal acts, with a lack of feeling for their true nature. These acts in themselves do not constitute the disease, since temptation may lead to the same crimes a young and healthy mind. When repeatedly observed in a young person without adequate motive, and without compunction or remorse, they point to some fault of the cerebral organization.

The term "moral idiocy" is perhaps too strong, since the sense of right and wrong may not be wholly wanting. There is apt to be an aversion to study and a lack of intellectual strength, though these patients get much credit for ability in certain directions. They are quick at games and ingenious at mischief. Their observation of character is keen, and may be sometimes put to good use in the furtherance of their various schemes. They are cunning in disguises and excuses, feigning emotions they do not feel, and controlling their impulses for a time for a purpose, or to avoid punishment.

This class of cases is specially mentioned, because the evidence is generally satisfactory, while the contrast between the youth of the patient, and the acts which indicate affective disease, is great. In adult years it is more difficult to distinguish the same individuals

from ordinary criminals. In youth they are sheltered from the law, except in extreme cases of crime, but in later life they are sure to fall into the hands of justice. A few cases will be cited by way of example.

A. B. Family history unknown. Previous to age of eleven, gave his parents much trouble by his mischievous propensities: stole jewelry from a pedler's wagon; threw stones on the railroad track; would leave home to avoid punishment, and wander about, sleeping in barns and outhouses. Had a "wild look" at times, and a head "small at the top." Was a dull scholar. At the age of eleven he drowned, without provocation, a schoolmate five years of age, simply, as he said, "to see the little devil kick in the water." He was arrested and convicted of murder, but his age would not allow of capital punishment under the law, and he was sent to the Reform School. He expressed no regret for the murder, and talked of it with indifference. Is constantly under discipline at the School.

C. D. was the son of parents and grandparents of marked intellectual ability and piety. His brothers and sisters inherited these qualities in different degrees, with a large share of nervous susceptibility, in two cases amounting to disease. At an early age he gave proof of mischievous tendencies, for which, during minority, he became notorious. Before puberty he set fire to a building; was skilful in obtaining money by ingenious devices, as well as by thieving; was careless of exposure, and showed little remorse for his misdeeds; was an indifferent scholar, and always in trouble at school; ran away at last, became an adventurer, led a life of vice, and died in battle.

Other examples more striking might be given, perhaps, but it is difficult adequately to describe cases like the preceding, although the observer has no room for a shadow of doubt in the existence of defect or disease. From such cases, and the other forms of partial insanity, a belief in a modified responsibility arises, and has become an established doctrine with all alienists. It follows naturally upon that of the hereditary transmission of mental qualities, so ably expounded from time to time by Dr. Ray, and of late by Dr. Holmes. If the disciples of this doctrine have erred by too great leniency for crime and sin, both law and theology are guilty of the opposite error. Both, too often, stretch each individual on a Procrustean bed of their own making, regardless of his real mental stature.

The case of Green, the Malden murderer, is in point. The plea of insanity could not be sustained, but the signs of defective cerebral organization were patent to every careful observer. His family history furnished abundant evidence of transmitted imperfections, both physical and mental, affording a dreary catalogue of insanity, idiocy, intemperance and scrofula, which *could not but* propagate themselves in some form. These points, with an individual history in perfect harmony with them, up to the time of the murder, satisfied the experts who examined him of his limited responsibility. It is needless to recall the noble action of Governor Andrew in this case, and the evidence he often gave of an appreciation of the true nature of in-

sanity, as well as of a mind above mere technicalities, and dwelling habitually in the higher domain of truth.

It is easy to call emotional or moral insanity a "medical subtlety," and to deny that partial insanity should limit responsibility for crime, but it cannot be denied that the brain is the organ of the *whole* mind, of its moral as well as intellectual faculties. Disease cannot be confined to one part and excluded from another part of its structure. How then can any of its functions be excluded from all chance of disorder? In any case, under actual examination, the most severe scrutiny and prolonged observation should be made, in order to approximate the true limit of responsibility. The canons of the law, however, will prove less useful in this research than large practical knowledge of the disease insanity in all its phases.

This chapter is not intended as a comprehensive view of the jurisprudence of insanity, but rather as a place for such suggestions on the subject as may be of popular interest. A hasty glance, from a professional point of view, at some of the contested cases of insanity which have exercised the public mind of late years, may not be out of place. The discussion of rules of law would be tedious and useless. From time to time the public mind is exercised with reference to the plea of insanity set up in defence of a criminal, sometimes with and sometimes without reason, or at tales of false imprisonment of the sane in some well known and well conducted asylum. The press, resting firmly in certain judicial decisions or verdicts, as if courts possessed an infallible touchstone for testing insanity, stretches out, from time to time, a threatening hand, as if to sweep from the earth those strongholds of crime and corruption known as hospitals for the insane. No distinctions are made, and the characters of experienced and honored members of our profession are assailed without mercy.

The public naturally suppose there must be fire under so much smoke, and at best are not disposed to be charitable in this direction. Every jail, hospital, nunnery, or close establishment of any kind, must, sooner or later, pass under public suspicion, because it is close. The cases, however, which usually kindle this blaze of indignation, and gain a brief notoriety in the courts, are not of the class which may be called obscure. On the contrary, they are, in most instances, clear cases of insanity, and recognizable even through the cloudy medium of a newspaper report.

Take the case of Haskell, said to be improperly confined at the Pennsylvania Hospital for the Insane in Philadelphia. Dr. Ray, whose testimony is unimpeached and unimpeachable, who resided in Philadelphia, with every means of information at hand, says: "The evidence showed, beyond the reach of doubt, that Haskell entertained delusions; that he believed he had been poisoned; that his eldest son was a changeling; that his wife, whom the slightest breath of suspicion had never reached, had been unfaithful; that he possessed certain property, to which he had not the shadow of a title; that his wife was a negress, etc. With scarcely a dollar at command he projected enterprises which would have required hundreds

of thousands. His character changed completely. He became noisy and quarrelsome, carrying fire-arms and threatening to use them. He made a will so absurd that the court, with all its leaning to his side, could not explain it on any theory of sanity. How could any case be clearer? What single ingredient of the disease was wanting? What criterion or test did it fail to meet? If not insanity, what was it?" The jury found a verdict of sanity.

The testimony, in this case, concerning the gloomy and loathsome character of the "cells" at the Pennsylvania Hospital, was given by a former patient, who had occupied one of them during an attack of delirium tremens, and whose diseased imagination transformed a room, large, light, warmed, and ventilated, and wholly above ground, to a vile dungeon! This witness, after the trial, was found dead drunk and asleep in the reception room of this very hospital, whither he had voluntarily returned, and had to be put out at the gate by force.

Dr. Ray takes occasion to compliment the charge of the judge in this case, as follows: "We cannot forego the opportunity of noticing, with the strongest expressions of commendation, the criterion or test of insanity adopted by the court in this case. 'The true test in all these cases,' said the court, 'lies in the word *power*. Has the defendant in a criminal case the power to distinguish right from wrong, *and the power to adhere to the right and avoid the wrong?*' No greater advance in the law of insanity has ever been made at one step than this. To recognize the power not only of knowing right and wrong, but of pursuing the one and avoiding the other, as an element of legal responsibility, is also to recognize, in the most decided manner, the doctrine of moral insanity — that kind of insanity which, while it leaves the intellect, the perceiving, discerning, and judging faculties untouched, deranges and perverts the propensities, sentiments, and emotions. Unfortunately this test had no applicability to the case in hand. That person was supposed to be intellectually as well as morally insane. We are none the less, however, under a weight of obligation to the court for this admirable test, which we hope will evermore be the rule of law in this Commonwealth."

In the Commodore Meade case, on one side was the negative evidence of sundry persons, who could see no insanity in him at the day of hearing. On the other hand, his relations, without dissent, affirm his insanity and its dangerous character. They testify to an attack of apoplexy, confining him to his bed for a month, the paralysis accompanying which still existed; to his marked change of character after the event; to his aversion to his relations, and his deadly hostility toward several friends of his family, leading to his carrying fire-arms with the avowed purpose of killing them. Surgeon Bache, of the U. S. Navy, who had known him a long time, testified to his insanity. Dr. Brown-Sequard gave the family a written opinion that his mind was affected by an unabsorbed apoplectic clot. Dr. Brown, of Bloomingdale, had not the slightest doubt of his insanity. He was discharged by order of the court.

The acquittal of Gen. Cole exhibited as great eagerness to find insanity as the other two cases to ignore it. The same may be said of McFarland, the murderer of Richardson. The bias of the court and jury was as strongly in favor of the prisoner as in the Mary Harris case, and the defence was the same — that of impulsive homicidal insanity. In the McFarland and Harris cases the evidence sustained the plea of insanity, though the motive for killing was strong. In the Gen. Cole case it was less satisfactory, and the motive was the same. The following return of the jury will show how ready they were, from sympathy, to take a stand with the most radical alienists:

"The foreman stated that they found the prisoner to be sane at the moment before and the moment after the killing, but they were in doubt as to his sanity at the instant of the homicide. The judge said they must give the prisoner the benefit of the doubt, and thus instructed, they rendered a verdict of acquittal."

If Gen. Cole and McFarland were liable to such a dangerous form of insanity, why were they allowed to go at large? Moral insanity is not a disease which begins and ends, except in rare instances, in the same act of outrage and crime. The catastrophe *may* come like an avalanche, which has been preparing under the accumulated snows of years, but which an echo lets loose to thunder a moment and disappear. Such cases are not common, but they do exist. A man may go through life maintaining an even contest with the hereditary gift of an insane temperament. Circumstances are favorable, and the will keeps watch and ward to prevent any public display of emotion. But a crisis comes when the will sleeps, or is overpowered, and the fair fabric of a life goes down in ruins. Yet the disease was there before, and remains after, the downfall, ingrained into the most intimate texture of the brain.

These are the obscure cases which puzzle not only the legal brain, accustomed to deal with outward facts and ordinary motives, but those who are, by study and experience, best trained to appreciate the disordered workings of the delicate machinery of mind. All the medical expert asks, in such cases, is that justice should withhold her hand while the victim of suspected disease awaits, in some secure place, its further development.

MEDICO-LEGAL ASPECT OF INSANITY.—*Cont.*

SINCE the disputed points relating to insanity have most popular interest, it may be well to consider this subject of Transitory Mania a little further. Dr. Jarvis says, in a long and interesting article in the *Medical and Surgical Journal*, of Boston, for June 10, 1869: "This is not exclusively a new or an old doctrine, but has been taught in France and Germany for many years by the managers of the insane, and writers on these topics. It is recognized by psychological authorities in Great Britain. It is admitted and established by jurists and courts in Europe, in their management of persons who have committed acts which would otherwise have been considered as crimes, and for which they would have otherwise been doomed to death on the scaffold."

The authorities and cases he quotes are very numerous and conclusive; so entirely so, it is useless to review them. The attack of transitory mania is characterized by its sudden outbreak, its short duration, the sudden restoration of the patient to sanity, calmness after the act of violence, absence of motive, absence of remorse, and want of consciousness during the act, and of recollection afterwards. That such cases occur, is settled beyond a doubt. That they are comparatively rare, and that the defence of transitory mania is often made without a warrant, is also true. There is very often, in cases suspected of this form of insanity, a lack of evidence sufficient to satisfy the law, while it may furnish the physician strong reasons for his suspicion. The patient's own statements, which are the most valuable, and often the only evidence of his state of mind, are ruled out, or are disbelieved, because of his supposed crime. So in the Andrews case, accepting the prisoner's statements, there is a strong case of transitory mania made out. How far circumstances corroborated and confirmed those statements may be gathered from the published account of the trial, and from Dr. Jarvis's *resumé* of the evidence in the journal above mentioned for November 4, 1869.

There is nothing in the nature of things to make an attack of transitory mania improbable, but, on the other hand, much to render it likely to occur. We are not astonished at the suddenness or brevity of other nervous attacks. A person may *faint* but once in his life, or have but one fit, or walk in his sleep but once. He may be delirious but for one night of his life. How can he be sure that the part of his brain which controls his acts may not be suddenly affected, so as to lead to an act of involuntary violence? That such is very often the case with epileptics, no one can doubt. The seizure may be of the kind known as *petit mal*, a mere transient suspension of consciousness so brief, as not to allow the body time to fall; a mere vertigo. Or, in place of this may occur a delirium of a minute's duration. Some strange thing is said or done, which attracts notice, but of which the person is unconscious, being only aware of a sensation of giddiness on coming to himself. These phenomena are seen frequently.

This period of unconscious delirium is often seen to extend over a longer time, allowing the victim of it to make long walks, and to do many strange things, of which he remembers nothing. These cases pass under the eye of the alienist, when there is nothing to impeach the testimony of the parties themselves, or to throw doubt upon their acts. Epileptics are also known to be subject to attacks of frenzy, or short-lived fury, in which, though not fully unconscious, they commit the most outrageous acts of violence from blind impulse, or upon the spur of some sudden delusion. The knowledge of these facts make physicians careful, in cases of unexplained violence, to search for some trace of epilepsy, vertigo, or *petit mal*, in the previous history of the suspected person, and it is often found.

The latest discussion of this subject will be found in a German work on Transitory Mania, by Dr. Krafft-Ebing, for the use of physicians, judges, and lawyers, published in Erlangen, 1868. The author presents a succinct account of all the psychological states in which, from one cause and another, a man, losing momentarily the knowledge of his acts, and of his own existence, enjoys no longer a free agency, and is not, in any degree, responsible for the acts he may commit. These acts are usually of extreme violence, but their character is difficult to estimate, from the fact that the insanity, under which they are committed, is over when the physician is called to give his opinion.

Besides his personal experience, the author has carefully studied the literature on this subject. Dr. Krafft-Ebing distinguishes seven different groups of conditions, under any of which transitory mania may occur:

1. The state of dreaming.
2. Different kinds of intoxication.
3. The delirium of febrile maladies.
4. The transformation of neuroses.
5. The transitory psychoses.
6. Pathological passion.
7. Transitory intellectual troubles at childbirth.

The first three will be readily understood. The fourth form is the one of which we have spoken in connection with epilepsy, and is, perhaps, the most common. The *transformation* of epilepsy, hysteria, and neuralgia simply means that, instead of the customary seizure, a transient delirium occurs, in which any violent act may be committed. The irritation seizes the intellectual or emotional nerve-centres in the brain, instead of those regulating motion and sensation.

To the fifth form, transitory mania, properly so called, belongs, and is distinguished, with some difficulty, from epileptic mania. It consists in an aberration of mind, which may last from twenty minutes to six hours; it appears suddenly, without warning, differing in this from the preceding forms, in individuals, generally men, perfectly well-behaved, both before and after the attack. The loss of consciousness and of recollection afterwards is complete. The attack has the character of fury, or acute delirium, with hallucinations and

illusions, and terminates in a profound sleep. The attack is generally unique, and recurrences very rare. It is probably due to congestion of the nervous centres.

Sometimes this transient delirium takes the character of melancholia, and is accompanied by a mental distress, which irresistibly drives the individual to commit acts of violence in order to relieve it. Usually, the act being committed, he is calm until consciousness brings a recollection of it.

The sixth form consists in what the author calls pathological passion, or delirium of the senses. Every man has passions which he can conquer and control, if in his normal psychological state; but there exists an unfortunate class whose physical and mental organization is defective, either temporarily or permanently, and with whom violent passions or emotions produce a reaction, of which they are not masters, and which too often brings them to the bar of justice. They are not responsible in the same degree as those of firmer moral and physical fibre. The paroxysm of passion may go on to complete delirium, and produce a true access of transitory mania, during which the senses may be led into error, and the perception of exterior objects distorted. The limit of responsibility is here difficult to trace, and it is necessary carefully to individualize.

Of the seventh form it is only necessary to say here that it is answerable for many infanticides, and is a form shared by the lower animals, who, to the full extent of their mental development, are liable to insanity.

All these conditions of transitory disorder may prove very difficult to estimate when the question of responsibility is raised, because the direct examination of the accused person affords only negative results. His physical, moral, and intellectual antecedents, both personal and hereditary, and his condition preceding the act in relation to fatigue, emotions, nervous accidents, etc., may furnish valuable indications. Next, one should study the character of the act itself, which is always violent, sudden, without plausible motive or conscious aim, absurd, illogical, the patient breaking, killing, destroying indiscriminately all which comes to hand, and often to the detriment of his own best interests, or of his dearest affections. There is no concealment and no calculation. It is a blind, brutal, irresistible force which acts in the individual. He acts openly, and does not secrete himself. He acts often with noise and violence. Nothing can withhold him in his blind fury.

Somnambulism furnishes an exception to this rule, not presenting all these characters, the acts often appearing the result of forethought and calculation. The manner of the accused will, however, generally be a guide to his mental state. He has usually no knowledge of what has passed, and does not understand why he has been accused; he is calm and tranquil, having no fear of consequences, for the same reason.

In the state called *raptus melancholicus*, it may happen that the patient has a knowledge and recollection of what has passed, for when the attack is over he often goes to denounce himself to justice.

This form of transitory mania is also distinguished from others by the fact that the individual seems to calculate his acts, or at least to be more or less conscious of them at the time of commission. Their irresistible character excludes responsibility, nevertheless.

We might add instances illustrating some of the conditions described above, but have dwelt too long already on this subject. Cases of pure *mania transitoria* are rare, but the melancholy form is more common. When we remember the large numbers of unaccountable suicides, we may properly infer that transient aberration is often the cause of them. That the attack is sudden, in such cases, all know, but the death of the individual afflicted prevents any estimate of its likelihood of duration.

Investigation, judicial or otherwise, is sometimes required in case of violence inflicted *upon* the insane. Cases of this sort have occurred in England and elsewhere, attracting much attention, and exciting much natural indignation. It is, however, to be expected that accidents, and even malicious violence, will happen to the insane now and then. The wonder, all things considered, is, that they are not more frequent in hospitals, since they occur often enough outside. Violence requires, at times, vigorous restraint, and abuse meets with sudden punishment at the hands of a fellow-patient or an unsuitable attendant. The law is very properly appealed to in such cases.

An advance in pathological knowledge has recently been made which has a bearing upon these cases. It was noticed that injuries to the insane most frequently occurred to general paralytics, and usually consisted of broken ribs. The investigation of such cases has led to observation of the fact that the ribs, in certain cases of insanity, become softened, so as to bend or break with great facility. This has been proved in many instances by autopsies upon the insane. A fall, a quarrel with another patient, or a forcible handling of such a person, would lead to numerous fractures. In general paralytics, the delusions of importance and power lead to displays of strength, and invite assaults from other patients. Their weakness, and tendency to fits, lead to frequent falls, while the entire loss of memory prevents the recollection of any such occurrences.

Another interesting fact has often been noticed in this connection, that of the insensibility of the insane to pain, whereby the usual signs of injury are concealed. This immunity from pain, by reason of mental disease in many of its forms, is a well-known fact, and matter of record. Probably no psychological fact is capable of such complete and startling illustration. From the time of Hippocrates, who first recorded insensibility to pain as a symptom of insanity, to the present, medical literature contains frequent examples of it. This fact makes it important to look beyond the last possible source for an injury which may have lasted for weeks. In a case within the writer's knowledge, it was matter of doubt whether certain injuries occurred in hospital or just previous to admission. It is therefore important to analyze the various causes from which insensibility to pain may arise.

For instance, there may be actual paralysis of sensation — a condition of true anæsthesia; or, sensation being perfect, the seeming insensibility may be due to a careful repression of all signs of pain, as in some cases of hysterical paralysis. Between these extremes come various degrees of indifference to pain, the result of mental preoccupation in some morbid train of thought. There may also be the indifference of frenzy, the current of emotion admitting of no interruption, and the indifference of stupidity and dementia. The pain may be felt, but misinterpreted by the diseased mind, being referred to some fanciful source, and so discredited or undiscovered.

In these ways, the exhibition of suffering among the insane is, to a large extent, prevented, and the utmost watchfulness is required on the part of medical attendants to discover the actual condition of parts and organs, to which, among the sane, the sense of pain is such a valuable index. Painful diseases may run their course with few of the ordinary signs. Consumption is usually a masked disease with the insane, being unaccompanied, from first to last, by cough or pain. Many of the insane, however, feel pain very acutely.

The most common cause of actual anæsthesia is general paralysis. In the early stages of this disease, before the loss of motion is very well marked, it may be observable. It renders the patient regardless of exposure to cold, to burns, injuries, and minor surgical operations. If under the influence of delusion at this time, self-mutilation may be deliberately inflicted. Pulling out of the intestines, gouging out an eye, or sawing off the tongue, are a few of the eccentricities in which such patients may indulge.

Anæsthesia may likewise affect the melancholy, being shown by indifference to cold, to the pangs of starvation, or the fatigue of standing motionless, or lying naked on a hard floor, for days. Melancholiacs sometimes resort to painful methods of suicide. Forbes Winslow relates a case of experimental suicide, in which the patient tried various plans up to the point of unconsciousness, with the humane intention of recommending the least painful to his more sensitive fellow-sufferers! In dementia, the indifference to pain depends upon the extent of mental obscuration.

In mania, the condition bears less resemblance to anæsthesia; or, if it is of this nature, the state is transitory and fluctuating, according to the rate and direction of the cerebral currents. Motor activity, however, is not a safe index to the degree of activity in the mind. The maniac may be outwardly calm, and perhaps coherent, at the moment when his mind is at its intensest point of activity. In this state there is no room for the consciousness of pain, and the patient, under this suppressed excitement, may disregard the existence of severe injuries with a *sang froid* truly deceptive. I have seen such an one chew the ends of a burning card of matches with apparent relish.

As we have digressed so far upon this subject, we may be allowed to carry it a little farther, especially as the question of insensibility to pain has a general interest. Indifference to suffering is not solely characteristic of the insane, but is seen in states of mind not consid-

ered wholly abnormal. The convulsionists of St. Medard were victims of one of those moral epidemics of the middle ages, in which religious ecstasy produced an abolition of pain, and a wonderful power of endurance. The Book of Martyrs furnishes many similar examples. A like condition obtains among those heathen and savages who practise self-torture as a propitiatory exercise. There is a state of anæsthesia resulting from extreme peril, which Dr. Livingstone experienced when in the jaws of a lion.

War furnishes, on a large scale, fine examples of endurance and disregard of suffering. The emotions developed during a battle are various. In a few constitutionally timid natures, they are of the most depressing nature. Fear is imprinted on every feature, and each limb is a tell-tale. The term *demoralized* is strictly and scientifically correct. In one instance, under my own observation, an attack of mania was induced. A soldier, under unexpected fire for the first time, suddenly clubbed his musket and struck out furiously among his comrades, yelling as if in the midst of enemies. On being led out of the fight the delirium subsided, leaving a condition of stupor, which lasted several hours. He subsequently became a good soldier.

In the mass, the excitement does not exceed the limits of self-control, but serves to keep each man up to his duty, and makes him more or less careless of danger, and regardless of ordinary wounds. This is especially the case if the fight goes well. For instance, a soldier lies in an ambulance with a bullet in his foot, shouting, "Dig away, doctor, and damn the pain! we've licked 'em!" Or a delicate drummer-boy, with a large flap of skin torn away from his knee by a shell, requiring tedious dressing and many stitches, asks for a pencil, meanwhile, to make notes in his diary of the occurrence. On the other hand, a fellow comes up with his right forefinger shot off, and an empty gun-barrel. A self-inflicted wound is diagnosed, and amputation at the joint proceeds amid contortions and frantic exclamations of pain, while all around lie the severely wounded, with scarce a groan among them.

Such strong contrasts forcibly illustrate the influence of mental conditions upon sensibility to pain. Pain is a sensation which, in ordinary states of mind, has an intensity sufficient to excite the attention powerfully; but in certain unusual conditions, the perceptive faculties are under the absorbing control of central agencies in the brain. Whatever these agencies are, whether changes in the circulation, the cell nutrition, or the nervous currents, the results resemble artificial anæsthesia. Nature, however, more skilful than man, applies her anæsthetics so delicately as to produce more exact localizations of effect. In the more permanent anæsthesia of insanity, we look for more visible and lasting changes in the structure of the brain.

MEDICO-LEGAL ASPECT OF INSANITY—*Concluded.*

NOT only in criminal processes must nice discrimination be made when insanity is suspected, but in all civil suits, will cases, applications for guardianship, or for commitment to hospital. It is hardly necessary to discuss here the various points of law involved, but only to insist that each case should be carefully examined on its own merits, not only on the abstract question of insanity, but upon the necessity of the action applied for. The insane are in part responsible for their acts, are often reliable witnesses, may make valid wills, do not always need guardianship or hospital treatment. Hence the necessity for careful individualizing.

The existence of any form of insanity, however, should render the testimony of the person so afflicted questionable. A slight defect of memory; a recollection of events as distorted by past emotions; the intermingling, in the patient's mind, of things narrated with actual occurrences, as happens in our recollections of early childhood; the influence of some obscurely related delusion; the insensible exaggeration of diseased feeling, and the dulling of the moral tone, so frequent in certain forms of partial insanity, are so many different ways in which the testimony of the partially insane may be rendered unreliable.

Their capacity for other acts, in law, may be similarly affected. Many an unjust will has been the product of a mental disorder but partially recognized, or in fact denied, by the parties benefited. Many an estate has been in this way alienated from the testator's family and natural heirs, against his life-long intentions. This may happen by transactions before death, which could not have been brought about except through mental disease, unprovable, save by the acts themselves. In several cases, in my own knowledge, the property of old men, becoming demented, has been purchased at cheap rates by over-persuasion and moral pressure, which wrong could not be righted, because, with a country jury, "a deed is a deed"; while insanity of the partial and obscure kind is, as Flute, the bellows-mender, would say, "a thing of nought!"

Nice discrimination is also needed in the matter of guardianship of the insane. It is an injustice, as well as an indignity, to put the property of a person of sane mind and sober habits under the control of another; but the first and only prominent sign of insanity, may be a reckless expenditure of money. This is an early symptom of some forms of mania, and of general paralysis. In cases of melancholia, the chief and only marked symptom, besides depression of spirits, may be an unreasonable dread of poverty; or, perhaps, a present sense of being poor, leading to extreme economy. So, in commencing mania, the opposite is often seen; an exhilaration of spirits, and sense of well-being, taking the place of depression, and extravagance that of parsimony. The patient is careless of expense, lives luxuriously, is over-generous, makes valuable presents to chance acquaintances, and has a confidence in the prospect of near

and great wealth, which leads him to set a small value on his trifling possessions. In his unlimited faith in the future, he beggars himself and his family in the present.

All this may be done before legal restraint can be secured. It may be done in the way of business, and unknown to all except those immediately concerned. The prospect of wealth may be founded on investments or patents, whose future value is uncertain, but which may justify the patient's hopes. How then, can these hopes be called insane delusions, and be made the basis of legal action? Many a wife has seen the small dependence of herself and children melt away in a few months, unable to resist, until the dreaded relief of the insane hospital at last becomes possible and welcome. She then appreciates a public charity, which, perhaps, had little of her sympathy before. If she reads the respectable dailies, she may have the pleasure of seeing her husband classed with scores of other gentlemen and ladies as "*pauper lunatics*,"—an outrageous abuse of language. Gentlemen in high positions will labor to show how cheaply the State can take care of such; and she may wonder that the law which could not save her property is now so easily availed of, to cut down her claims on the public purse.

The law, however, is not a panacea which can be applied to all the cases of hardship and injustice in the community, and should not be railed against. Rather should we strive to cultivate such a public sentiment as will recognize the rights of the *families* of the insane as equally sacred with those of the insane person himself. Protection to life and property from insane persons may be secured under existing laws, when liberally interpreted, and seconded by medical skill and sound public feeling.

It is a common charge, that the friends of an insane person wish to put him under guardianship, so as to obtain his property. How this is to be brought about, they do not stop to inquire. One would suppose a guardian, whose accounts are open to inspection, and who acts only under supervision of the court, most intimately concerned with family affairs, would be the best safeguard of the law to prevent foul play.

A mistaken sentiment also exists with reference to commitments to hospital. It is not that the public mind is so very unhealthy in its operations, but that the facts cannot be adequately presented. They do not always lie on the surface; and patient investigation is not a popular virtue. However it has grown up, there exists a somewhat wide-spread feeling, which shrinks from early commitments, and which resents interference with the personal liberty of any insane person who can sustain tolerably safe and fair public relations. The family is no longer able, uncriticised, to manage its insane members under medical advice. The public is suspicious of disease, which is limited in its expression to the domestic relations, and the press will utter whatever the public thinks.

Perhaps this publicity is for the general good, but it certainly does great harm and injustice in individual instances. It not only exposes to hostile criticism the motives of those naturally most deeply

interested in the patient's welfare, but prevents an early and free resort to measures necessary for hopeful treatment. For instance, a gentlemen of large property,—say half-a-million,—loses a hundred thousand by the Chicago Fire. This and other causes combine to produce a state of moderate depression, with fear of coming poverty. He is able to travel, to conduct himself well in public, reads the news in the hotel parlors, and sits at the general table. His wife seeks the best medical advice obtainable, and hospital treatment is suggested. Friends and relatives are consulted, and the usual aversion to this resort, except in cases of extremity, prevents their assent. The utmost watchfulness is enjoined, and all precautions possible in hotel life are taken. Meanwhile, the patient seems to improve under medical treatment, and the opinion is given that he will recover, if no accident occurs; but not as quickly or as safely as in hospital. In this hopeful state of affairs, the patient suddenly leaps from an upper window, and is killed. For twenty-four hours the public is shocked that an insane man was allowed to be at large, and the next day the incident is forgotten.

In another case, a lady has been subject to slight attacks of depression, lasting a few weeks only. In the last she has shown some slight suicidal propensity. The family will not listen to the suggestion of hospital treatment, and it is not urged, on account of the probability of recovery at home as before. A suitable treatment is prescribed, and the patient is promised a speedy cure; but before the physician has reached home, his patient has put herself beyond the reach of human aid.

A lady who had been moderately depressed for a few weeks, whose friends had been warned to watch her narrowly, while going quietly about her household duties, seized a hammer and killed her only son in the presence of the family. Being sent at once to hospital, she showed no recollection whatever of the act, and after the first few days, no signs of insanity which would have convinced a captious public, in the absence of any preceding act of violence. For two years she remained in hospital, apparently sane, was then discharged, and remains sane and well to the present day. Her husband, meanwhile, has twice insisted on admission to the same hospital, as insane, while presenting no evidence of intellectual aberration whatever. He, too, has recovered his mental equilibrium. In neither of these cases could a writ of *habeas corpus* have been successfully opposed, save for the homicide in the former, and the patient's admission of his mental disability in the latter.

A gentleman goes home from business, and, having been troubled by recent losses, rises in the night, kills his children, and escapes to the water to drown himself.

Another goes down to business in the morning, perplexed and discouraged, but apparently sane. At ten o'clock his wife receives a note, saying, "If you wish to see me alive, take the next train to B———." In terror she starts for his boyhood's home in the country, arrives, inquires for him in vain, searches, and finds him hanging in the barn.

A man calls on a physician for advice for some nervous trouble, is sent to another for his opinion, meets this one's child playing near his father's door, and kills him on the spot.

There is no end to such dreadful occurrences. Scores of cases happen within the personal knowledge of every man whose attention is called to this subject. The newspapers, day after day, and year after year, teem with insane murders and suicides — almost invariably by persons not thought to be in the least dangerous. Melancholia of the mildest form, chronic mania, and dementia of a generally harmless type, and mania from drink, account for most of these deeds of violence. The writer once undertook to make a scrap-book of these pleasant items, but the material was so abundant, and the circumstances were so stereotyped, as to make it a tedious and profitless task.

But the impression made on the public mind by these startling events seems to be very slight and transient; and when a physician testifies to the possibly dangerous character of one of these tolerably sane persons, he will find plenty of opinions, ready formed, on the part of irresponsible persons, that there is no danger, or even no insanity. The physician and the judge feel the weight of responsibility for their opinions; and the family know the pressure of a secret anxiety, which has been a constant companion by day and night. These outside parties, whose flippant opinions are so freely volunteered, are apt to forget their inconsistency when a catastrophe occurs, and to say, "I told you so."

There is an impression in some minds that persons not insane are sometimes committed to hospital by conspiracy between interested relatives and corrupt physicians. That insane people who could be well enough managed, under favorable circumstances, outside, are sometimes committed, there is no doubt. The poverty of the individual, or the reluctance of relatives not legally bound for his support, to interest themselves in his behalf, may keep an insane person unnecessarily in hospital. Under *all* the circumstances, however, it is the best and only place for him. But of sane persons confined in hospital as insane, the instances are extremely rare. The Commissioners of Lunacy, for England, appointed ten or twelve years ago to examine into abuses, and prevent improper commitments, have not found a single case. I have known one case where there is reason to believe a mistake of this sort was made.

A man of fair intelligence, and average social position, quarrelled with his mother-in-law, and, on one occasion, was so overcome by passion as to use personal violence toward her. His father-in-law, being of a peculiar turn of mind, assumed that this was the culmination of sundry acts which, together, betokened insanity. A physician was summoned at once, the case heard, and an attempt made to examine the supposed patient, who preserved an obstinate silence. Thinking this the freak of an insane man, the certificate was signed, and the patient taken to hospital. On arrival he had become cool enough to explain the situation, and to confess his hasty temper and unjustifiable violence. He quietly denied his insanity, and requested

a thorough examination of all his acts. He moreover insisted upon staying in hospital till the question should be settled beyond a doubt. In three or four days it was possible to come to the conclusion that he was not insane. He was therefore discharged, thankful for the consideration his case had received, and determined to avoid future collision with his mother-in-law.

The cases which, from time to time, vex the community, are not generally such as give rise to doubt in the minds of experienced alienists. The evidence of such is generally unanimous as to the existence or non-existence of insanity, when equally sufficient opportunities for examination of the patient have been afforded. A case which has for many years disturbed the courts and the community, has recently been disposed of. It never gave rise to doubt or difference of opinion among competent medical observers as to the fact of insanity, but has unnecessarily excited passion and prejudice in the minds of many not properly concerned in it. The following is an abstract of the last decision in the Phelps case:

"His Honor Judge Ames, of the Probate Court for Suffolk County, reviewed the history of the respondent briefly up to the time of the present application for commitment, the hearing upon which had extended over six months. Thirty days had been consumed in the examination of witnesses, eight of which the respondent, with scarcely any interruption, had occupied in giving her evidence. The fullest latitude had been allowed to both sides, and no evidence ruled out unless widely irrelevant. The decision had been carefully considered, and delayed for several months, in hopes some disposition could have been made of the respondent satisfactory to all parties.

"Two questions were to be considered, viz.: 'Is the party insane?' and 'Is hospital treatment necessary?' Upon the first there was evidently a division of opinion among the witnesses, which produced an insensible bias, though the testimony to facts was in the main fair and honest. The immediate family, and all the respondent's relatives, with the exception of one, whose position had not been clearly defined, had adopted and acted upon the theory of insanity. Upon that theory, their proceedings generally had been such as the case seemed to require; and there was no evidence to justify any conclusion, but that those whose duty it was to look after the best interests of the respondent acted in good faith, under competent medical advice, and did what they believed, under the circumstances, it was their highest obligation to do. In such a case as this, under provocation occasioned by interference from one quarter and another, it could hardly be expected that they would always act judiciously; and upon any other theory than insanity, their treatment, in some instances, would not have been justifiable.

"On the other hand, the respondent, being a lady of culture, and having naturally a good mind, with a strong will, perhaps intensified by disease, had made numerous friends, who espoused her cause, and could see no insanity in her. His Honor did not regard the testimony of these persons as negative, but as positive, as far as it

went. He quoted cases from Dr. Ray's book on 'The Jurisprudence of Insanity,' and mentioned others in his own experience, where the exhibitions of mental disease were limited entirely to the domestic circle, or only became apparent under opposition. He was astonished at the readiness with which even intelligent persons formed and expressed opinions in such cases, and firmly adhered to them, without taking any pains to inform themselves thoroughly of all the facts, upon both sides; and at the amazing indifference with which the public regarded the frequent cases of homicide and suicide, by persons supposed to be harmlessly insane.

"The opinions of the medical experts in this case were very decided. (The physicians called by the petitioner were Drs. Ray, Walker, Fisher, and Chase.) Although sharing the views of the legal profession upon expert testimony in general, he believed the evidence of experienced and respectable physicians the best that could be obtained in these cases. As in legal matters well-educated lawyers are the proper persons to be consulted, so well-educated physicians are to be consulted in medical matters, and medical witnesses who have been called for the petitioner stand at the very head of this most difficult department of medicine, and are men of intelligence, of very large experience in insane cases, and their testimony on this point seemed entirely fair, and without special bias. They are men whose professional aid in mental disease is eagerly sought. Their testimony was unanimous that the respondent was insane, and that hospital treatment, or its equivalent, was absolutely necessary, both for the respondent's sake and the good of her children.

"Their opinion as to insanity was also sustained by the other evidence and his own observation. Upon all the facts in the case he could see no room for doubt, and was clearly of the opinion that the respondent was insane.

"Upon the second point, the propriety of hospital treatment, he had little to say. He did not think the case required absolute restraint, but it did require the constant supervision of some suitable person, satisfactory to the patient, if possible. He considered it out of the province of any judge, of his own legal knowledge, and independent of medical testimony, to determine what was the best treatment for a case of insanity like this. It was a medical matter, as much as the treatment of typhoid fever. In the absence of any testimony upon this point controlling that of the physicians alluded to, there was but one conclusion: that the respondent is a proper subject for hospital treatment, and is to be committed to some institution for that purpose.

"He would give the respondent her choice of hospitals. In regard to the one at South Boston, he could say, from long experience as one of its inspectors, that it was under most admirable management; but as the accommodations for the insane in the matter of buildings and grounds entirely failed to furnish what such cases imperatively need, he should not designate that one for the treatment of this case."

The laws relating to insanity in many of the States are rudimentary. It was formerly supposed that the family was to be trusted with the disposal of its own insane members, as in any other

form of sickness. This confidence has declined of late years, and has led the American Association of Medical Superintendents to draft laws, applicable to all the States, for the protection of the insane and those to whose care they are intrusted. These proposed laws have been adopted in some States, but not in the majority. The problem is to prevent the possibility of abuse, and, at the same time, not to render the hospital difficult of access to the curable insane.

The laws in Massachusetts are well adapted to insure this result, without further change. The best security the public can have is in the character of its hospital superintendents, and here this State is also fortunate. For admissions to hospital, the laws of Massachusetts require the certificates of two respectable physicians, given within one week after "due inquiry and personal examination" of the insane person. One of these must, if possible, be the patient's family physician. Notice must be given to the mayor or selectmen of the place where the patient resides, and a full written statement of the history and character of the patient's disease must be sent to the hospital for preservation.

Patients may also be *committed* to the State or the Boston hospitals by any judge of the Supreme, Superior, Probate, or Municipal Courts. Practically, this business falls into the hands of the Judges of Probate, the most fitting place for it. The judge may appoint a hearing at such place as he sees fit, and require or dispense with the presence of the patient. He may summon a jury of six to determine the question of sanity; but this proceeding is exceedingly rare. A jury might as well be called to sit on a case of Bright's disease, or a cataract, as far as determinining the existence of insanity is concerned. And for the protection of the patient's rights, the presence of the judge is sufficient.

Patients in hospital may be discharged by its trustees, or by any of the judges above named. The following provision is in addition to the writ of *habeas corpus*, which may be used for the insane: Upon petition, under oath, setting forth belief that a certain person is unjustly confined as a lunatic, made to a judge of the Supreme Judicial Court, the judge may appoint a *commission of three* to make inquiry. This body shall be sworn, and shall give notice to the petitioner or his counsel, and to the authorities of the hospital, shall summon and swear witnesses, hear evidence, and make personal examination. No notice is to be served on the patient, nor is he to have counsel or be present at the inquiry. He is not to be examined by petitioner or counsel unless by permission of his physician, or by special order of the judge. The commission are to visit the patient at the hospital, and not to remove him. Report of commission being made, the judge takes such action as he deems proper.

In application for guardianship, the patient must be notified. An abstract of the laws relating to insanity in each State, by Dr. Ray, will be found in an Appendix to Dr. Blandford's recent work on Insanity and its Treatment.

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